DEVELOPMENT OF THE GOOD ENOUGH CARE ASSESSMENT TOOL: ASSESSING CHILD NEGLECT IN EVIDENCE-BASED AND SOCIALLY AWARE WAYS

by

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Abstract

Child neglect remains a complex riddle with which academia and practice continue to grapple. Professionals struggle to effectively and accurately assess child neglect, which significantly their impacts decision-making and can lead to ineffective or misdirected support. This thesis reports on an original empirical research project responding to these challenges through developing a new child neglect assessment tool for use in multi-agency settings, the *Good Enough Care Assessment Tool*. The tool is evidence-based, research-focussed and inclusive of social harms such as poverty.

The research adopted an evidence-based approach to the task, in light of the longstanding issues in assessment of child neglect, the lack of rigour in the research base on child neglect and the ongoing challenges in developing measures and tools in social work. The mixed methods multi-phase project incorporated a systematic review, a Delphi study, a survey of social workers' views on assessing child neglect and a pilot study. The studies embraced the voices of both practitioners and experts by experience, and ensured a coherent stepwise approach to development. The research highlights the social nature of child neglect and structural drivers for unmet need through application of the social harm framework.

The *Good Enough Care Assessment Tool* is a self-contained tool that offers a different approach to assessing child neglect, conceptualising child neglect as a social form of harm in deeply unequal societies. It supports research into practice and a coherent multi-agency approach to assessment. It encourages dialogue with families and a focus on their strengths as well as concerns.

The *Good Enough Care Assessment Tool* shows validity for child neglect and is usable in practice, but further work is needed to test its psychometric properties in the form of a larger-scale pilot study. It offers a socially just, collaborative and ethical approach to the assessment of child neglect.

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List of papers and conference abstracts

This thesis incorporates the four following papers:

Haworth, S., Schaub, J., Kidney, E. & Montgomery, P. (2022) A systematic review of measures of child neglect. *Research on Social Work Practice*. doi: https://doi.org/10.1177/10497315221138066

Haworth, S., Schaub, J. & Montgomery, P. (2023) A Delphi study to develop items for a new tool for measuring child neglect for use by multi-agency practitioners in the UK. *Social Sciences*, 12(4) doi: https://doi.org/10.3390/socsci12040239

Haworth, S., Schaub, J. & Montgomery, P. (2023) Exploring social workers' views on assessing child neglect in England and Wales (Submitted: Child Abuse Review)

Haworth, S., Schaub, J. & Montgomery, P. (2023) A pilot test of a new child neglect assessment tool for use by multi-agency practitioners in the UK: 'The Good Enough Care Assessment Tool' (Submitted: British Journal of Social Work).

In addition, a number of presentations were made on the study to a variety of audiences. The following were of particular significance:

Haworth, S. (2021) 'Child neglect and social origins', *University of Geneva Centre for Children's Rights Studies*, 30th September 2021.

Haworth, S. (2022) 'Measuring child neglect', *Joint Social Work Education and Research Conference,* Leeds, 23rd-24th June 2023.

Further, during the period of postgraduate study, the following papers and book chapters were published:

Haworth, S. (2019) A systematic review of research on social work practice with single fathers. *Practice: Social Work in Action*, 31(3), pp. 329-347. doi: https://www.tandfonline.com/doi/full/10.1080/09503153.2019.1575955

Haworth, S. & Sobo-Allen, L. (2020) Social work and single and non-resident fathers: How inclusive is our practice and where do we go from here? In Nikku, B. (ed) *Global Social Work - Cutting Edge Issues and Critical Reflections.* doi: 10.5772/intechopen.90641

Schaub, J., Hewison, A., **Haworth, S.** & Miller, R. (2021) A leadership model for social work: Drawing on health care to inform social work leadership. *British Journal of Social* Work, 52(5), pp. 2911-2930. doi: https://doi.org/10.1093/bjsw/bcab185

Haworth, S., Bilson, A., Drayak, T., Mayes, T. & Saar-Heiman, Y. (2022) Parental partnership, advocacy and engagement: The way forward. *Social Sciences*, 11(8). doi: https://doi.org/10.3390/socsci11080353

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Chapter 5

Introduction

Child neglect is a prevalent form of child maltreatment taking place within unequal societies that generate a range of structural harms (Blumenthal, 2021; Bywaters et al., 2022). It has substantial costs and impacts for children, families, communities and societies, (Gardner, 2016). However, the assessment of child neglect remains a thorny problem that professionals and academics struggle to solve (Daniel, 2017; Proctor & Dubowitz, 2014). In response to these challenges, the research project of this thesis developed the *Good Enough Care Assessment Tool (GECAT)* (appendix 1), a new child neglect assessment tool for use in multi-agency settings.

Neglect can be understood as complex and opaque (Horwath, 2013). Chapter 1 of this thesis explores what child neglect is, setting out definitional issues, and neglect's prevalence, risk factors and range of potential impacts. The complexity of neglect creates significant issues for how professionals assess and respond (Daniel, Scott & Taylor, 2011), and chapter 2 examines the assessment challenges for social workers and allied professionals, including the impacts of thresholds, standards of practice and the increasingly risk-focussed and authoritarian practice landscape (Bilson & Hunter Munro, 2019; Enosh et al., 2021; Featherstone et al., 2018).

As will be discussed in chapter 3, this thesis applies the social harm framework to highlight and examine the social nature of neglect in our deeply unequal societies. The social harm framework argues that within such unequal societies, families are often harmed through denial of the resources necessary to exercise life choices (Pemberton, 2016).

This study adopted an evidence-based approach to developing the GECAT, in light of a range of challenges: enduring issues of assessing neglect in social work and allied professions (Daniel, Taylor & Scott, 2010; Solem, Diaz & Hill, 2020), the lack of rigour in the research base on neglect (Morrongiello & Cox, 2020; Mulder et al., 2018), and ongoing problems in development of measures in social work (Perron & Gillespie, 2015). Chapter 4 discusses the key ontological, epistemological, and methodological choices made, before exploring in depth the choice of an evidence-based approach.

The linked phases of the research project emanated from this evidence-based stance and were focussed on the task in hand: the development of a valid and robust assessment tool that can be used in practice. Chapter 5 discusses each primary phase - the systematic review, Delphi study and pilot study - in detail. It sets out how each primary phase fitted within a mixed methods design that collected and analysed both quantitative and qualitative data. Chapter 6 concludes the methods chapters and discusses how the research has been a collaborative endeavour with practitioners, academics and parents. It reflects on ethical considerations and key methodological strengths and limitations.

Each phase of the research project is presented as a separate journal article, constituting chapters 7-10, including the online survey of social workers' views on assessing child neglect in England and Wales undertaken as an extension to primary phase 1 (systematic review) and primary phase 2 (Delphi study):

7. A systematic review of national and international, clinical and academic, single index and multi-dimensional measures of child neglect (Haworth, S., Schaub, J., Kidney, E. & Montgomery, P. (2022) A systematic review of

measures of child neglect. *Research on Social Work Practice*. doi: https://doi.org/10.1177/10497315221138066).

8. A modified online Delphi study with a mixed panel of experts to develop items for the GECAT (Haworth, S., Schaub, J. & Montgomery, P. (2023) A Delphi study to develop items for a new tool for measuring child neglect for use by multi-agency practitioners in the UK. *Social Sciences*, 12(4) doi: https://doi.org/10.3390/socsci12040239).

9. An online survey of social workers' views on assessing child neglect in England and Wales (Haworth, S., Schaub, J. & Montgomery, P. (2023) Exploring social workers' views on assessing child neglect in England and Wales (Submitted: Child Abuse Review))

10. A small-scale pilot study to gather and analyse preliminary psychometric data about the GECAT (Haworth, S., Schaub, J. & Montgomery, P. (2023) A pilot test of a new child neglect assessment tool for use by multi-agency practitioners in the UK: 'The Good Enough Care Assessment Tool' (Submitted: British Journal of Social Work)).

Chapter 11 draws the key ideas of the thesis together, discussing its implications for practice, policy and research, the original contributions it makes and potential avenues for future research.

This thesis offers originality in a number of ways. The GECAT is a new self-contained neglect assessment tool that can support balanced, research-informed and socially aware assessments of child neglect. The collaborative evidence-based methodological approach adopted, inclusive of practice and lived experience knowledges, offers methodological originality within the social work research field

(Shaw, 2023). The application of the social harm framework offers a new theoretical framework for the assessment of child neglect, supporting assessments that are inclusive of the roles of structural disadvantages and inequalities in the range of risk and protective factors for neglect.

In line with University regulations and the CRediT guidelines, the contributions of my supervisors to the co-authored publications were as follows: https://www.elsevier.com/authors/policies-and-guidelines/credit-author-statement

Paper 1 - A systematic review of measures of child neglect:

SH: Conceptualisation, Visualisation, Methodology, Investigation, Data Curation, Project Administration, Coordination, Formal Analysis, Writing- Original Draft Preparation, Reviewing and Editing; **PM:** Supervision, Writing- Reviewing and Editing, Limited Screening Support, Quality Check Analysis; **JS:** Supervision, Writing- Reviewing and Editing, Limited Screening Support; **SD (Sarah Dawson):** Support Searches; **EK (Elaine Kidney):** Screening Support and Data Extraction Support.

Paper 2 - A Delphi study to develop items for a new tool for measuring child neglect for use by multi-agency practitioners in the UK:

SH: Conceptualisation, Visualisation, Methodology, Investigation, Data Curation, Project Administration, Formal Analysis, Writing- Original Draft Preparation, Reviewing and Editing; **PM:** Supervision (including Conceptualisation and Methodology), Writing- Reviewing and Editing; **JS**: Supervision (including Conceptualisation and Methodology), Validation (focus group and Delphi transcripts), Writing- Reviewing and Editing.

Paper 3 - An online survey of social workers' views on assessing child neglect in England and Wales:

SH: Conceptualisation, Visualisation, Methodology, Investigation, Data Curation, Project Administration, Formal Analysis, Writing- Original Draft Preparation, Reviewing and Editing; **PM:** Supervision, Writing- Reviewing and Editing; **JS**: Supervision, Writing- Reviewing and Editing.

Paper 4 - A pilot test of a new child neglect assessment tool for use by multi-agency practitioners in the UK: 'The Good Enough Care Assessment Tool':

SH: Conceptualisation, Visualisation, Methodology, Investigation, Data Curation, Project Administration, Formal Analysis, Writing- Original Draft Preparation, Reviewing and Editing; **PM:** Supervision, Writing- Reviewing and Editing; **JS**: Supervision, Writing- Reviewing and Editing.

1 What is Child Neglect?

This first chapter explores the concept of neglect and how it is a complex form of child maltreatment. It discusses its prevalence and key features. It then explores both risk factors for, and impacts of, child neglect. The chapter focusses primarily on the family level risk factors, while chapter 3 focusses on those at the social/economic levels. It considers both UK and international literature, to provide a holistic discussion on the construct of neglect. Significantly, it commences the arguments for why the tool's development is both necessary and important.

1.1 What is Child Neglect?

1.1.1 Challenges of Defining Neglect

At a basic level neglect can be understood as unmet need (Daniel, 2015). However, within professional practice and academia a variety of more complicated definitions have been created and operationalised. These more complex definitions take social work away from the simplicity of child neglect as "… a pattern of behaviour or a social context that has a hole in the middle where we should find the meeting of basic developmental needs" (Garbarino & Collins, 1999, p. 3).

Neglect is now understood as a heterogeneous concept and phenomenon within academia and practice, inclusive of a variety of experiences for children and young people (Daniel, 2015; Lafantaisie et al., 2020). These range from lack of food or guidance and supervision to extreme deprivational neglect or accidents with elements of forewarning resulting in serious injury or death. These examples, of course, encompass different experiences and feelings for the children and young people themselves (Brandon et al., 2014a; Daniel, 2015; Horwath, 2013). The lack of

consensus in a definition is influenced by a number of issues. It is debated whether neglect should incorporate both potential and actual harm or just the latter (Horwath, 2013; Zuravin, 1999). Debates continue around whether definitions should rely on children's basic needs not being met from their viewpoints or on parental omissions in care (Dubowitz et al., 2005a; Proctor & Dubowitz, 2014). Neglect can also be understood as an ethnocentric social construct, projecting primarily Western ideas of good enough parenting onto other social and cultural contexts (Laird, 2016; Sharley, 2019).

Such heterogeneity means that any workable definition of neglect should accommodate neglect subtypes, severity, and chronicity (Dubowitz & Merrick, 2010; Moran, 2009; Stevenson, 2007). The difficulties in defining neglect lead to difficulties in how to assess it, including at what point basic needs are identified as unmet (Dubowitz et al., 2005a). Neglect has generally been defined in dichotomous terms, with a child either enduring neglect or not. This can be problematic as it would be more accurate to depict neglect on a continuum of a child's needs being met, from fully to not at all. Thus, binary decisions of 'neglect or no neglect' are open to interpretation (Dubowitz, Pitts & Black, 2004; Proctor & Dubowitz, 2014).

Daniel, Scott and Taylor (2011) argue that neglect should be understood as a fluid and nuanced socially constructed concept, and that professionals should not stay wedded to specific definitions. This is given additional credence when you consider that the needs of children and young people change as they develop; what may be experienced as neglectful in one stage of development may not be in another (Horwath, 2013). Having said this, definitional clarity can support identification and

assessment clarity, while ambiguity can increase the likelihood of confusion (Mackenzie 2003; Perron & Gillespie, 2015).

It is notable that there has been limited research into neglect compared to other forms of child abuse including physical, sexual, and emotional abuse; a phenomenon sometimes referred to as a "neglect of neglect" (Daniel, Scott & Taylor, 2011; Dubowitz, 2007; McSherry, 2007; Mulder et al., 2018; Wolock & Horowitz, 1984, p.530). Since this phrase was coined in 1984, there has been a small but important body of evidence developed on child neglect (Kobulsky, Dubowitz & Xu, 2020; Proctor & Dubowitz, 2014). However, knowledge on this topic that can be drawn upon to inform practice and policy across the globe is still limited, and issues of clarity in defining neglect within research remain (Chaffin, 2006; Proctor & Dubowitz, 2014).

1.1.2 Definitions of Neglect Complicated by Social and Professional Influences

The complex and unclear nature of neglect was demonstrated in research by McGee et al. in Canada into the validity of social worker, researcher and young people's ratings of maltreatment, including neglect. The study found that the least concurrence between these groups on whether maltreatment had occurred and its severity was for neglect, with young people reporting lower levels of neglect than professionals and official records, illustrating its complex and nebulous nature (McGee et al., 1995).

Classification of neglect is complicated by the role of wider social and political contexts. The role of structural disadvantages, such as poverty and insecure housing, should arguably influence how neglect is defined and where responsibility lies (Lacharite, 2014). In some states of the USA, parents are only assessed as

neglecting their children if considered financially able to meet their needs (Horwath, 2013; Spencer & Baldwin, 2005). The neglect of a child can occur through the family having inadequate resources to meet basic needs, in what would be a collective neglect of the child; or through the family having the resources and abilities to meet these basic needs but neglect still being perpetrated, where the primary drivers for neglect are likely parental (Blumenthal, 2021).

Furthermore, concepts of good enough or neglectful parenting (key concepts for professional assessments and judgements) are open to differing interpretations depending on a family's socioeconomic status, class, or culture (Dubowitz & Merrick, 2010), which raises the spectre of social work policing the poor. The involvement of children's services is primarily based upon social and community constructions of what is neglectful, and not on what has been empirically found to harm children (Dubowitz et al., 2005b). Effective assessment of these wider social issues would therefore seem desirable.

Consideration should also be given to organisational and societal neglects, in light of the important roles they can play in neglect occurring. Social work organisations characterised by high staff turnover, low morale, high levels of stress, and in states of perpetual organisational change are considered in compromised positions to respond effectively to cases of neglect. This can lead to organisational neglect of children and young people (Glisson & Green, 2011; Polonko, 2006). In their biennial analysis of serious case reviews (SCRs) in England, Brandon et al. (2008) identified organisational neglect as a significant issue, stating that in 'agency neglect' organisational responses can mirror chaotic and disorganised family circumstances.

Some scholars argue that society also can and does neglect children, leading to societal neglect (Blumenthal, 2021; Lacharite, 2014). This is characterised by children and families being provided with insufficient resources, leading to significant social disadvantage, and/or to their human rights being denied (Spencer & Baldwin, 2005). For example, through insecure housing, insecure employment and income, and poor health (Morris et al., 2018; Webb et al., 2020). Horwath combines these two important concepts, stating that "indirect societal neglect is evident in the application of a public management approach to child welfare services… which has resulted in organisational targets rather than the needs of the child and their family driving service delivery" (Horwath, 2013, p. 27). Organisational and policy contexts can negatively impact social workers' responses to families more generally, with high caseloads, tight timescales, and a narrow range of practice choices encouraging narrow safeguarding as opposed to holistic support responses (BASW & CWIP, 2019; Cummins, 2018). These tend to focus on risk to the detriment of meeting families' needs (Featherstone, 2023).

1.1.3 Operational Definitions

Various stakeholders provide different and, at times, contradictory definitions of child abuse and neglect (maltreatment) across the globe. A useful starting point for thinking about official definitions of child maltreatment is the definition provided by the World Health Organisation, a respected non-governmental worldwide institution (2012):

> Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment,

> sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment.

When considering neglect, there are a variety of operational definitions within the UK and wider world (Horwath, 2013). Definitions of neglect are socially constructed concepts, often dependent upon notions of good enough parenting and accepted thresholds for the state to intervene (as discussed in section 2.3.2), the roles of professional and academic disciplines, as well as the social, cultural, and legal contexts within each country or state (Daniel, Scott & Taylor, 2011; Daniel et al., 2014; Gilbert, Parton & Skivenes, 2011; Horwath, 2013). Definitions also vary depending on their purpose, the reasons for their use, and the professional, academic or family member who is developing or using the definition (Giovannoni, 1989).

The host of ways in which neglect is defined has arguably contributed to over-complication of the concept itself (Daniel, 2015). This complexity and ambiguity are as true in the academic field as anywhere else; research has been criticised for developing imprecise definitions of neglect and the interpretation of research findings can be problematised through these definitional issues (Manly, 2005; Stein et al., 2009). There is understandably greater consensus on what constitutes severe neglect than on lesser forms (Munro, 2020).

Horwath suggests that definitions should be kept simple and focus upon a failure to meet children's needs (Horwath, 2013). Likewise, from the perspective of children, neglect is the experience of their needs not being met by those caring for them (Daniel, 2015). Definitions of neglect, certainly in the UK, have been criticised for imposing middle-class values around care on working class families, and internationally for lacking cultural sensitivity to cultural practices around childcare (Dubowitz et al., 1998; Stowman & Donohue, 2005). Further, they have been criticised for focusing on neglect as a familial issue only and ignoring wider community and societal neglect drivers (Blumenthal, 2021). The predominant white, middle-class and anglophone values that feed into social work discourses are not static, and as these values change, so do understandings of neglect (Corby, Shemmings & Wilkins, 2012). Given neglect's strong association with stigma, associated lack of reporting, and common contexts of the family home, many instances of neglect may remain hidden (Cleaver, Unell & Aldgate, 2011; Davies & Ward, 2011). Children and young people unfortunately experience a wide range of neglect incidents, linked to a wide range of familial, community, and societal risk factors, demonstrating the complexity in defining neglect and its range of drivers (NICE, 2017; Stoltenborgh et al., 2015).

As an example of the variation in neglect definitions, in Australia and the USA definitions vary between different states and jurisdictions. The definition of the Central Australian Institute for Health and Welfare (2011; as cited in Horwath, 2013) includes concepts of cultural tradition alongside concepts of failure to provide. In Norway there is no operational definition, rather 18 separate categories to classify concerns, some of which touch upon fundamental concepts of neglect, such as lack

of basic physical care or of effective supervision (Daniel, Scott & Taylor, 2011; Horwath, 2013). Having pointed to such differences, it is important to state that there are distinct similarities in operational definitions in Western countries, including the UK, USA and Canada, with all focussing on parents' failures to meet their children's needs (Horwath, 2013; Kobulsky, Dubowitz & Xu, 2020).

Within the UK, legislation does not clearly define neglect at any point (Corby, Shemmings & Wilkins, 2012). Definitions vary across the four jurisdictions in the UK, but all encompass the themes of parental omission of care and persistent failure to meet a child's physical and/or psychological needs (Daniel, Taylor & Scott, 2010). The Scottish definition includes non-organic failure to thrive, removed from English definitions in the 1990s, meaning that a family in Scotland might become subject to statutory intervention, when in England or Wales they would not (Batchelor, 2008; Corby, Shemmings & Wilkins, 2012; Horwath, 2013). Within England, the primary definition is found in *Working Together to Safeguard Children*, the latest iteration of this guidance being produced in 2018 (Department for Education, DfE, 2018, p.105). This state definition was adopted for phase one of this research, the systematic review:

> The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)

b. protect a child from physical and emotional harm or danger

c. ensure adequate supervision (including the use of inadequate care-givers)

d. ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

There are valid critiques of this definition. For example, the scope of these categories can be understood to be expansive and phrases such as "persistent failure" (DfE, 2018, p.105) can be considered contested concepts open to professional interpretation (Corby, Shemmings & Wilkins, 2012; Glaser, 2011). However, this was adopted as the definition for the systematic review due to its comprehensive nature, its inclusion of neglect subtypes, severity and chronicity, and its role as the official definition of neglect used to guide professional assessments and decision-making in England. This was important given the practice-focused nature of this research. As described in journal article 2 – *A Delphi study to develop items for a new tool for measuring child neglect for use by multi-agency practitioners in the UK* - a neglect definition for the tool was subsequently developed and refined that was shorter, more family-friendly and inclusive of extra-familial drivers for neglect.

As will be described in detail in the methods chapters of this thesis, phase one of the research was conducted with practice partners in England and phases two and three with practice partners in Wales. Therefore, credence also needed to be given to

Welsh legislation and policy on child neglect. The key Welsh government documents on child neglect are the *Social Services and Well-being Act* (2014), statutory guidance in the form of the Part 7 of *Working Together to Safeguard People*, and the Welsh practice guidance *Safeguarding Children from Neglect* (Social Care Wales, 2021). The latter emphasises a child rights' approach and views neglect as complicated, with a range of subtypes (Social Care Wales, 2021). This influenced the definition that was developed for the tool. Neglect is defined in the *Social Services and Well-being Act* (2014) (p.145):

> "neglect" ("esgeulustod") means a failure to meet a person's basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person's well-being (for example, an impairment of the person's health or, in the case of a child, an impairment of the child's development).

To add to the complexity in the definitional landscape, legislation determines whether neglect is considered a crime. Within England and Wales, the *Children and Young Persons Act* 1933 sets out that a criminal offence may have been committed if a person wilfully neglects a child. This raises the question of whether the view that neglect is commonly through omission, not commission, reduces the seriousness with which it is viewed as a form of child abuse (Horwath, 2013).

So, as can be understood, significant variations in definitions persist and it seems apparent that work towards shared understanding on what neglect is and its boundaries would be beneficial both nationally and internationally (Kobulsky,

Dubowitz & Xu, 2020). Zuravin's questions remain pertinent over twenty years later (1999, pp. 25-26):

> Should definitions be broad or narrow? In other words, should they be restricted to clear instances of serious physical harm, or should they include all acts that jeopardize the development of children? … Should they focus on harm to the child, the parental act, or both? Should definitions require intentionality of the parent as a key issue?

1.1.4 Prevalence

The actual prevalence of neglect is hard to state due to these issues in its definition, but also due to issues in recognition, approaches to categories used to record children's services statistics, and to whether families come to the attention of services in the first place (Bywaters et al., 2016b; Daniel et al., 2014; Horwath, 2013; Moran, 2009). The variety in definitions discussed above leads to questions about how many children are experiencing neglect, as the answer will depend on what definition is being used (Daniel, 2015).

Child neglect is prevalent across the globe, though within different social, economic and cultural contexts its prevalence and subtypes can vary (Kobulsky, Dubowitz & Xu, 2020). Physical neglect is estimated to have a worldwide prevalence of 16%, emotional neglect 18% (Stoltenborgh, Bakermans-Kranenburg & van Ijzendoorn, 2013). Given neglect's strong links with poverty, it appears most prevalent and severe in countries where poverty itself is prevalent and resources are most limited (Kobulsky, Dubowitz & Xu, 2020). It is a significant global issue, for as

Kobulsky, Dubowitz and Xu (2020) state “In many countries, neglect is the form of maltreatment most commonly reported to child protective services” (n.p).

Within England, neglect was the most common initial category for commencement of child protection plans during 2021-22, comprising 48% of plans, compared to 41.6% in 2012-13. As of March 2021, 24,430 children in England were on a child protection plan under the category of neglect, up from 20,970 in 2014 (DfE, 2022). Of children on child protection plans for neglect, one-fifth have been on a plan for at least one year, higher than for other types of abuse (Office for National Statistics, ONS, 2020). It is important to note that once children become looked after in England, Wales, and Northern Ireland they are no longer counted within these statistics, but that increasing numbers of children are coming into care for the reason of abuse or neglect, accounting for 52% of these children in 2009-10 rising to 62% in 2019-20 (Bywaters et al., 2022). Neglect remains the most common reason a child is on a child protection register in Wales, accounting for 42% of registrations in 2020-21 (StatsWales, 2022).

Neglect is a significant social issue in developing and developed countries across the globe, although international comparisons of the data are difficult (May-Chahal & Cawson, 2005; Sharley, 2019). Levels similarly high to the UK can be found in countries such as the USA, Canada, and the Netherlands (Euser et al., 2010; Stoltenborgh et al., 2015; Trocme et al., 2003). Rates of overall lifetime neglect vary between high and low-income countries but also within each grouping. For example, rates in high-income countries range from as low as 9% in Sweden to as high as 55% in Taiwan; rates in low middle-income countries range from 29% in Vietnam to 59% in Kenya (Kobulsky, Dubowitz & Xu, 2020).

In the UK and USA, there have been significant changes in patterns of substantiated abuse over the last 20-30 years (DfE, 2022; US Department of Health & Human Services, 2022). For example, in England, in 1998 only 22% of cases were recorded as neglect for the child protection register, as it was then, with 48% being recorded as physical abuse (Gordon & Gibbons, 1998). The official figure of 48% for neglect in 2021-22 is over double the figure in Gordon and Gibbons' study. In their triennial review of SCRs in England, Brandon et al. (2020) found that neglect was present in 68% of fatal cases and 83% of non-fatal harm cases. In their final analysis of SCRs between 2017-19, Dickens et al. (2022) found that neglect featured in 74.7% of the 166 SCRs reviewed. It is important to note that in the absence of more widespread population data this thesis must draw inferences from the narrower SCRs, but that these do have their critics. SCRs have been consistently criticised for holding individual actors responsible and needing to change, as opposed to systems (Munro, 2011), and for posing recommendations that are too general, meaning that the learning derived from them is difficult to embed into practice (Hyland & Holme, 2009).

When compared to the study by Radford (2011) in the UK, where children and young adults were asked about their experiences, the official numbers are comparatively low. The researchers found that one in six young adults were neglected at some point during their childhood and one in 10 were severely neglected during their childhood. Self-reported or caregiver-reported prevalence of all forms of abuse and neglect are higher than reports from professionals, including social workers, in the UK and globally (Stoltenborgh et al., 2015). For example, rates are as high as 59% for self-reported measures but as low as 0.9% for sentinel

measures (those looking for clear neglect indicators) (Euser et al., 2010; Hussey, Chang & Kotch, 2006; Mbagya, Oburu & Bakermans-Kranenburg, 2013).

Mennen et al. (2010) found, in their study of child protection case records in one social work organisation in the UK and based on the organisation's own operational understanding of neglect, 71% of cases contained evidence of neglect but only 41% of cases were formally classified as neglect. This is one small study from one local authority and thus it would be unwise to draw generalisable inferences, but the research starts to raise questions around how neglect is categorised within frontline social work.

1.1.5 Different Types of Neglect

There are varying classifications of neglect nationally and internationally, adding to the complexity of how neglect is understood and reflecting the lack of agreement on what constitutes neglect within the literature. For instance, Crittenden (1999) differentiates between types of neglect based upon the parent or carer's mental processing, and categorises them into disorganised, emotionally neglecting, or depressed. She proposes that different causes of neglectful care necessitate different practice responses. Dubowitz, Pitts and Black (2004) differentiate between physical, psychological, and environmental neglects. Within their research they found modest correlations between these, suggesting that they represent largely different experiences for children. Howe (2005) differentiates between passive/hopeless neglect, characterised by caregivers disengaging from care as a coping mechanism, and disorganised neglect, characterised by families going from one crisis to another and by very inconsistent care.

Through their analysis of SCRs, Brandon et al. (2014a) developed a six-component typology of circumstances linked with catastrophic neglect (neglect that had a catastrophic impact on the child or young person). This incorporates deprivational neglect, medical neglect, accidents with elements of forewarning, sudden unexpected deaths in infancy, physical abuse combined with neglect, and young suicide. Some are deemed more potentially fatal than others and it is only the first two that involve neglect as a direct cause of death or grave harm. They define deprivational neglect as “extreme deprivation by withholding food or water” and medical neglect as “death in circumstances where parents did not comply with medical advice or administer medications” (Brandon et al., 2014a, p. 237).

These three neglect typologies link and overlap with the typology highlighted by Horwath (2007a), while exhibiting differences. All of the typologies concentrate on emotional facets, while Brandon et al. (2014a); Dubowitz, Pitts, and Black (2004); and Horwath’s (2007a) include physical facets. Selecting a typology of neglect is therefore a complex task. Horwath’s six-fold typology identifies medical, nutritional, emotional, educational, and physical neglects, and lack of supervision or guidance. She highlights the importance of emotional and social neglect within this typology. Her typology has been used within this thesis due to its logical delineation into clear and comprehensible neglect types, development from a rigorous review of other apposite definitions, and comprehensive conception of neglect as a complex and multifaceted form of child maltreatment. It has been amended to include social neglect as a discrete category and incorporate nutritional neglect as a facet of physical neglect. The addition of social neglect emphasises this important type of

neglect for children, with associated deprivation of the close social bonds, relationships and friendships children need to thrive and develop (Glaser, 2011).

Each category of Horwath's typology can then be further anatomised. For example, emotional neglect can be understood as a lack of attention, caring, stimulation, and emotional availability, potentially through lack of parental awareness, depressive moods, or disordered lives or lifestyles (Sullivan, 2000). Physical neglect can be understood to comprise failures to provide basic physical care, nutrition and living conditions, and access help and support when needed (Dickens, 2007).

1.1.6 Chronicity, Severity and Complex Maltreatment

Neglect occurs on continuums from mild to severe and episodic to chronic. It ranges from a child's needs being partially met to not at all (Helm, 2010; Slack et al., 2003). Research portrays the impacts of cumulative risk factors (such as problematic drug use) as more significant than the impacts of cumulative protective factors (such as good supportive networks) in families considered at high risk of relapse into maltreatment (Luthar & Goldstein, 2004; Van der Put, Assink & Stams, 2016). Most children who have been neglected experience multiple types of neglect (Cowen, 1999) and, in reality, multiple forms of abuse often coexist for children and young people (multi-type maltreatment) alongside familial issues such as domestic abuse and problematic parental drug or alcohol usage, and wider social issues such as poverty and deprivation (Corby, Shemmings & Wilkins, 2012; Higgins & McCabe, 2001). These situations contribute to the difficulty in identifying the primary category of abuse, be this neglect, physical, emotional or sexual abuse.

For instance, Manly et al. (2001) found that, of a sample of 492 children in the USA, only 36% of those neglected had experienced only this form of maltreatment.

Within the study, 76% of the children endured more than one form of abuse/neglect. Children and young people often endure multiple episodes of maltreatment across multiple developmental stages, bringing the issue of timing to the fore (Graham et al., 2010; Hamilton & Browne, 1998; Higgins & McCabe, 2001). Timing of maltreatment is significant for the impacts on the child and their developmental trajectory. This includes the age when the maltreatment started, the developmental periods during which it occurred, its duration, and its continuity over time (Manly, 2005). Such multi-developmental stage maltreatment can have particularly deleterious impacts on longer-term adaptation and functioning (Manly et al., 2001). Children and young people who endure multiple adversities are more likely to have a range of poorer outcomes in adulthood (Devaney & Spratt, 2009; Spratt, Devaney & Frederick, 2019).

At the more severe end of any scale, neglect can have very serious consequences, including severe harm and death through deprivation, accidents, and hazardous home environments. Extreme neglect leading to fatality is more likely in early childhood. Between 2017 and 2019, six children were identified as dying as a result of extreme neglect in SCRs in England (Dickens et al., 2022). Severity is not the only influential factor, however, and a singular focus on severity may lead to only extreme cases coming to the attention of services, with cases of lower severity being overlooked (Manly, 2005). Low severity chronic maltreatment can result in negative outcomes for children and young people similar to cases that are more severe (Manly, Ciccheti & Barnett, 1994). Chronicity, a pattern of needs being unmet over a period of time, is important for neglect and more often a feature of neglect than of other forms of child maltreatment (Proctor & Dubowitz, 2014).

1.1.7 Risk Factors at the Family Level

There are a variety of parental and familial issues associated with neglect within the research base (Brandon et al., 2014b; Daniel et al., 2014). This includes the so-called ‘toxic trio’ of co-existing issues of: parental substance misuse, mental health difficulties, and domestic abuse (Cleaver, Unell & Aldgate, 2011; Forrester & Harwin, 2011). This was recorded as present in 22% of families subject to a SCR between 2011 and 2014 (Sidebotham et al., 2016). It is important to note that the term toxic trio has its critics. A systematic review by Skinner et al. (2021) found that there was little evidence of good quality for this trio of issues in child maltreatment, and a lack of critical examination of the proposed relationships between them. Furthermore, that the links between the trio of factors and poverty and social and material disadvantage are often overlooked.

There are a range of other parental and familial risk factors for neglect identified within the research literature. Prominent are a history of mental health issues, maternal depression, a history of criminal behaviours, parents having endured abuse as children themselves, problematic parent-child relationships, large family size, chaotic family functioning, low parental education levels, less warmth shown by parents, domestic abuse, and parental drug use (Brown et al., 1998; Dufour, 2008; Gaudin Jr. et al., 1996; Mulder et al., 2018; Palmer, Font & Lane Eastman, 2022; Stith et al., 2009; Zuravin & DiBlasio, 1996). Neglect can commence at any age for a child, with life stressors such as onset of drug use, loss of support networks, or change of family structure and parental relationships potentially impacting parenting in early, middle, or late childhood (Horwath, 2013; Long et al., 2014). While the research points to a range of risk factors for neglect, it remains

unclear why some families exposed to such factors experience child neglect while others do not (Proctor & Dubowitz, 2014).

It is important to note that there are some specific characteristics, such as dependence on a caregiver, that can place younger children at increased vulnerability to immediate impacts of neglect (Brandon et al., 2014a). Children with disabilities are at greater risk of maltreatment and neglect than non-disabled children, but the risk depends on the type of disability present (Avdibegovic & Brkic, 2020; Horwath, 2013). It can be complex to analyse how much the disability may increase the risk for neglect or how much neglect has contributed to development of an impairment (Avdibegovic & Brkic, 2020). As discussed in section 1.1.6, timing of maltreatment and children's characteristics such as age are important considerations for neglect. However, the role of children's characteristics and vulnerabilities is debated and remains unclear (Brandon et al., 2014a; Mulder et al., 2018), and this thesis has therefore placed greater emphasis on risk and protective factors from parental through to societal levels for neglect.

The theoretical models developed to explain neglect causation factor in an interplay between multiple risk and protective factors, but tend to primarily focus on the family level, for example Belsky (1980), Cicchetti and Rizley (1981) and Wolfe (1991). Neglect is associated with the presence of multiple risk factors at levels from familial to societal (Lacharite, 2014; Mulder et al., 2018; Shanahan et al., 2017). There are disagreements as to whether proximal factors, such as parenting, have a significantly greater impact than distal factors such as poverty (Bywaters et al., 2016b; Palmer, Font & Lane Eastman, 2022). It is unclear whether assessment of the distinction between neglect and poverty, through parental intent or ability, is

undertaken or achieved in practice (Mennen et al., 2010). If it is not, cases may be assessed by professionals as familial neglect when the drivers for neglect are collective and societal (Blumenthal, 2021). A thorough understanding of neglect requires analysis of the interactions between these multiple level factors. The roles of wider social and community factors in neglect are discussed in the chapter 3.

1.1.8 Potential Impacts

It is widely recognised that experiencing neglect during childhood can increase the risks of a range of negative health, emotional, and social outcomes throughout the lifecourse, including mental health difficulties, substance misuse issues and socioemotional problems (Corby, Shemmings & Wilkins, 2012; Horwath, 2007a; Howe, 2005; Radford, 2011). Of all forms of maltreatment, neglect leads to some of the most significant deleterious long-term impacts on development, emotional wellbeing, educational progress, and behaviour (Daniel, 2015; Stevenson, 2007). Growth and development depend on children's range of needs being met, and internalised feelings of worthlessness and being unlovable can be pernicious (Gardner, 2016). Significant impacts are observed globally and across cultures (Kobulsky, Dubowitz & Xu, 2020).

The list is long, but the impacts can include developmental delay, poor physical and mental health, low self-esteem, behavioural problems, lower educational attainment, physical impacts of chronic stress, exacerbation of existing medical conditions, and social isolation (Horwath, 2013; Howe, 2005; Moran, 2009; Tanner & Turney, 2003). Furthermore, neglect can lead to delays in language, communication, socio-emotional adjustment, and development of daily living skills (Daniel, Taylor & Scott, 2010; Dubowitz et al., 2005b; English et al., 2005; Garbarino

& Collins, 1999). Neglect has been associated with difficulties with attachment and social relationships, risk taking behaviours, suicidality, physical health problems such as arthritis and heart disease, and even cellular ageing (Kobulsky, Dubowitz & Xu, 2020). It has also been associated with a range of internalising behaviours, for example depression, and externalising behaviours, for example aggression, into adulthood (Horwath, 2013).

A systematic review completed by Maguire et al. (2015) on the emotional and behavioural manifestations of school-aged children experiencing neglect or emotional abuse in Organisation for Economic Co-operation and Development countries (including the UK) found that the children displayed a range of externalising and internalising behaviours, socioemotional problems, diminished IQ, difficulties with developing learning and language skills, low self-esteem and mood, and problems making and keeping friends.

Severity, chronicity, risk, and protective factors vary for each child and family circumstance, and influence the impacts of neglect (Slack et al., 2003). Neglect can have deleterious impacts at any age or stage during childhood, but the manifestation of harm is difficult to predict accurately. A single incident of neglect may lead to significant harm, even fatality, while a child who is enduring repeated neglect, for example being left repeatedly unsupervised, may remain uninjured (Morrongiello 2005; Straus & Kaufman Kantor, 2005). Having said this, significant adverse childhood adverse experiences over prolonged periods can be especially damaging for children and young people, and they can experience more significant impacts during developmentally sensitive periods (Devaney, Frederick & Spratt, 2021).

Such complexity creates further issues for defining neglect. There is often emphasis placed on the impacts on young children, but it is the group of young people aged 11-15 where neglect is most prominent in SCRs in England, where neglect has had cumulative impacts over a number of years (Sidebotham et al., 2016). Between 2003-11, suicides amongst young people who had experienced long-term neglect was the cause of death for seven young people (Brandon et al., 2014a). Neglect can have 'sleeper effects' that become more evident in adolescence, adulthood, or when parenthood arises (Perez & Widom, 1994).

The impacts of neglect can be not only significantly harmful but fatal (Horwath, 2007b; Howe, 2005; Dickens et al., 2022) and this "…should be part of any practitioner's mindset, as with other maltreatment" (Brandon et al., 2014a, p. 235). This has sadly been demonstrated in a number of cases, some especially noteworthy, high profile, and leading to influential SCRs. Between 2005 and 2011 there were 57 children with a current or past child protection plan for neglect whose death prompted a SCR (Brandon et al., 2013).

An example of the significant impacts of neglect is the case of Daniel Pelka, murdered by his mother and her partner at the age of four in 2012. Although his death was deemed to have been caused by a head injury, he was considered to be grossly malnourished and having suffered longstanding neglect at the time of his death (Rogers, 2013). Peter Connelly, who died aged 17 months in August 2007, represents another relevant case. His neglect was known to professionals, having been on Haringey's child protection register under the category of physical abuse and neglect since December 2006 (Carmie & Smith, 2008). A second SCR (the first having been judged inadequate) published in 2010 found that his death could and

should have been prevented (Jones, 2014). Both cases highlight how children experiencing neglect can also endure other potentially fatal maltreatment (Brandon et al., 2014a).

1.2 Summary

This chapter has discussed the challenges and complexities in defining and understanding neglect and its key features, given its expansive and ambiguous nature. It has set out key operational definitions of neglect and how they have been applied in this study. The chapter has discussed the prevalence of neglect as well as the important roles chronicity and severity play. It has started the conversation on causal factors for neglect, which will be picked up again in Chapter 3. Finally, it has explored the range of impacts neglect can have on children and young people.

The next chapter will discuss the myriad issues facing social work and allied professions in effectively assessing and responding to neglect.

2 Professional Assessment of and Responses to Child Neglect

2.1 Chapter Introduction

This chapter discusses the significant range of challenges facing social work and allied professions' assessments of child neglect. It firstly outlines the significant issues and inconsistencies in current standards of assessments and practice, and the impacts these can have. This chapter then explores the key roles thresholds for professional intervention play and the challenges child neglect poses to current technical-rational models of thresholds. Following this, it discusses professional interventions for child neglect and the lack of evidence for these.

This chapter explores the impacts of the risk-focused and authoritarian practice landscape for child neglect, balanced and fair assessments, and engagement with families. It then discusses the issues that confront measurement in social work and the social sciences, and sets out initial arguments for the adoption of an evidence-based approach for the development of the *Good Enough Care Assessment Tool*. Lastly, it sets out strengths and limitations of other commonly used neglect assessment tools in the UK.

While chapter 1 had more of an international focus to examine the construct of neglect holistically, this chapter focusses mainly on the UK to examine professional responses to neglect within its social, legal and cultural contexts. This is because the GECAT is a tool that has been developed to support assessment in the UK. Reference will be made to international literature when this supports key points being made, or when there is a lack of UK-based literature on the topic.

This chapter focusses primarily on social work and the statutory arena, as the GECAT is a multi-agency tool developed from the social work discipline and once

cases are referred, social work often acts as the lead agency (Horwath, 2013). However, this thesis recognises the important roles of allied professions and that many neglect cases and concerns will not be referred to social work, with other professions, such as teaching and nursing, then taking the lead. Child protection policy and practice have been given significant focus within the chapter as they provide significant contexts for professional responses to neglect and are where significant issues for humane and informed responses to neglect abound.

2.2 Summary from Chapter 1

Chapter 1 discussed child neglect as a complex form of child maltreatment, where confusion remains about what it is and what it involves. It explored key aspects of child neglect, including different types of neglect, chronicity and severity. It set out its prevalence and the numerous impacts it can have on children and young people.

2.3 Social Work and Allied Professions Assessment of and Responses to Neglect

2.3.1 Social Work and Allied Professions' Issues with Assessment and Support

Social workers complete a variety of assessments to determine levels of need and risk (Doherty, 2017). Multi-agency decisions in England and Wales include whether children should be supported as in need under S.17 of the *Children Act 1989* or in need of protection under S.47. In practice, social workers walk a tight line between care and control, protection and self-determination, offering support and preventing harm (Hardy, 2015; Parton, 2014a). Within their assessments, social workers are expected to identify strengths, needs, and risks; be thorough, balanced, and ethical; provide clear and detailed analysis; and involve children and their

families (Department of Health, DoH, 2000; Holland, 2010; National Association of Social Workers, 2013). Within the complex contexts of practice and family life, practitioners need to make significant decisions for children and their families based on analysis of whether levels of care are acceptable, adequate, or harmful and necessitating intervention and support (Glaser, 2011).

Due to the complexity and opaqueness of neglect in comparison to other forms of child maltreatment, neglect cases raise myriad issues for the social work profession that can lead to confusion and dilemmas in identification, assessment, and support (Daniel, Scott & Taylor, 2011; Horwath, 2013; Solem, Diaz & Hill, 2020). This includes analysing when parenting that is sub-optimal becomes neglectful and the associated subjective nature of such analyses. Neglect is often multi-faceted and neglectful care can be difficult to capture as a static picture due to the dynamic nature of family functioning and levels of care (Brandon et al., 2014b; Brandon et al., 2020; Horwath, 2007a; Turney & Taylor, 2014). The impacts of neglect on the child can be complex and difficult to assess, with the true impacts potentially not becoming apparent for some time, leading to professional systems missing or taking time to effectively gauge the seriousness of what is going on (Horwath, 2007b; Platt, 2006). There can be a normalisation of neglect in practice, especially within the context of poverty, with practitioners desensitised to key warning signs (Brandon et al., 2020). When considering thresholds for intervention, for example for child in need plans, child protection plans or care proceedings, this can raise the question of why now (Dickens, 2007). These issues were unfortunately demonstrated in the tragic case of Daniel Pelka in England, where a range of assessments and interventions were ineffective (Rogers, 2013).

A variety of studies demonstrate the difficulties in accurately assessing neglect (Brandon et al., 2014b; Crisp et al., 2007; Dubowitz et al., 2005b; Duman et al., 2023; Morrongiello & Cox, 2019; Palmer, Font & Lane Eastman, 2022). Repeated assessments can be used to defer difficult and complex decisions, increasing delay for children and their families (Selwyn et al., 2006; Turney et al., 2011). In England, the Office for Standards in Education, Children's Services and Skills' (Ofsted) 2009 inspection of SCRs identified that, while neglect was the most common risk factor, agencies were ineffective at both addressing its impacts and intervening at early stages to prevent situations escalating. Further, research by Brandon et al. (2014a) found that social work responses to neglect cases often reflected the confusion and disarray evident within families themselves. Finally, Ofsted's (2014) thematic inspection of response to neglect found standards of practice to be variable, with 50% of assessments deemed inadequate. They found that the use of standardised approaches to assessment promoted systematic analysis, consistency in standards of practice, and more effective quality assurance processes.

There is relatively limited research into allied professionals' assessments of neglect, with the majority related to the health field (Daniel, Taylor & Scott, 2010; Gubbels et al., 2021). However, it is apparent that the issues in effective identification, assessment, and support are also evident for social work's multi-agency partners, including health and education. Indeed, the multi-agency context itself can present complications for assessing and responding to neglect (Taylor, Rhys & Waldron, 2013; Thompson, 2016). As highlighted, assessment of neglect is complex due to its multi-faceted nature and often chaotic family situations (Horwath, 2007a; Long et al., 2014). This can be further complicated by different professional

understandings, assessments, and interpretation of thresholds influencing assessment and decision making (Platt & Turney, 2014; Cleaver, Unell & Aldgate, 2011). Further, inconsistency in the criteria used to identify neglect and confusion about definitions of neglect (Gardner , 2016). For example, a doctor focused on maximising a child's health may have a different understanding of, and threshold for, neglect than a social worker (Proctor & Dubowitz, 2014). Interprofessional liaison and collaboration in neglect cases can often be beset by problems and differences, despite shared thresholds for intervention (Sharley, 2020). Multi-agency responses to child neglect in the UK are often less well defined and actioned compared to cases of sexual or physical abuse (Radford, 2011). Paradoxically, the need for clear multi-agency responses is often greater for child neglect cases given their complexity and the confusion they can create in practice (Horwath, 2013).

The recognition and assessment of neglect remains inconsistent in health, education, and early help services, with neglect referrals to children's social work in the UK often triggered by other events or concerns about the child (Pithouse & Crowley, 2016; Taylor, Rhys & Waldron, 2013). Health care and education practitioners can struggle with assessing neglect as a complex form of maltreatment and analysing its impacts (Bradbury-Jones et al., 2013; Walsh et al., 2006). Unfortunately, under-reporting of neglect remains a common issue in the UK and internationally (Daniel, 2017; Goebbels, 2008). This is despite universal and early help services being well positioned to recognise and respond to neglect in its early stages (Haynes, 2015; Sharley, 2020).

Practitioners tend to assess neglect through the lens of their field, for example nurses may focus on medical neglect and then use this as a proxy for broader

neglect (Bradbury-Jones et al., 2016). However, research suggests that allied professionals in health and education do look to include social factors, such as socioeconomic disadvantages, in their assessments, and use a range of sources of information, professional values and organisational outlooks to inform their assessments (Gubbels et al., 2021, Walsh et al., 2006). There are therefore important parallels with how social workers undertake assessments.

Families can be subject to numerous referrals and interventions over a number of years, without the deeper drivers for the neglect being effectively identified and supported (Pithouse & Crowley, 2016; Sharley, 2020). This is a significant issue, as early and multi-faceted intervention that effectively targets the needs of families is seen as both effective and desirable for children, families, and communities. For this to be achieved, accurate assessment is essential (Action for Children 2013; Daniel & Baldwin, 2001). In practice within safeguarding contexts in the UK, this likely often involves all professionals sharing what they know with social workers, who can then both contextualise and synthesise the information into a holistic assessment of the child and family within their community (Parker, 2020; Thompson, 2016).

Legal and policy contexts in the UK have generated practice structures for statutory agencies, including children's social work, focused upon efficiency and based on referral systems, supremacy of assessments of need and risk, and use of time-limited, procedurally dominated and commissioned services (Garrett, 2010; Gibson, 2019a; Munro, 2011; Rogowski, 2015). Thus, often limited consideration is given in practice to the long-term impacts of assessments and interventions on the wellbeing of children and their families (Horwath, 2013). One significant problem with this being that "it takes time and thought to undertake a proper analysis of all the

information, but it takes a lot more time and resources to undo the damage of an ill-judged intervention" (Daniel, 2015, p. 89).

Some scholars argue that the current forensic and incident-based child protection systems in the UK do not support effective responses to neglect (Daniel, 2017; Dickens, 2007). Instead, responses can be rather clumsy and unwieldy, as in neglect cases there is often not an identifiable trigger event that leads to intervention but instead a cumulative nature to the harm (Daniel, 2015; Horwath, 2007a; Stevenson, 2007). Daniel, Scott and Taylor 2011 (p. 19) capture some of the issues evident when they state that:

> The straightforward aim of providing help to neglected children has become obscured within the complexities of our formal helping systems…We can lose sight of children and their needs in the clutter of bureaucratic systems and language. An unhappy child is hidden within a thicket of jargon…

While these challenges and constraints need to be recognised, professionals also need to recognise and prioritise that neglect can have profound, even fatal, impacts and respond in confident, humane, and systematic ways (Brandon et al., 2020).

The impact of Covid-19 and new ways of working for social work (and allied professions) has presented challenges, but also opportunities for more socially aware practice that tackles poverty and disadvantage (Ferguson, Kelly & Pink, 2022; Racher & Brodie, 2020). The research on the impacts of Covid-19 on practice in the UK portrays time pressures on professionals, new hybrid ways of working, and less

opportunity to see and assess the home and community environments so influential for neglect (Baginsky & Manthorpe, 2020; Cook & Zschomler, 2020; Ferguson, Kelly & Pink, 2022). It can be hypothesised that these new ways of working, notably hybrid approaches, will have significant impacts for neglect given its social and environmental nature. Although some positives have been recognised from implementing hybrid ways of working, such as time efficiency for professionals and innovative ways of working with families, there are concerns that they can negatively impact the meaningful involvement of families and holistic assessments of families in their environments (Ferguson, Kelly & Pink, 2022).

2.3.2 Thresholds and Significant Harm

The United Nations *Convention on the Rights of the Child* sets out a range of rights for children, including on the care they receive. It has been ratified by all UN members, except the USA (Munro, 2020). Article 19 states that members will take all appropriate legislative, social, and educational measures to protect children from all forms of violence, abuse, neglect, maltreatment, or exploitation (United Nations, 1989). Thresholds for support and protection therefore need to be set and applied (Kobulsky, Dubowitz & Xu, 2020).

Thresholds are of significance for responding to abuse and neglect in the UK. The key legal threshold concept concerning abuse and neglect is that of significant harm (Corby, Shemmings & Wilkins, 2012). This is considered sufficient to trigger a child protection response and care proceedings, as well as the granting of care or supervision orders. The threshold is set out in S.31 of the *Children Act 1989* in England and Wales: “the court must be satisfied that the child is suffering, or likely to suffer, significant harm; the harm or likelihood of harm is attributable to the care given

to the child or; the child is beyond parental control" (Children Act 1989, p. 108). Comparisons have to be made to determine or measure significant harm; for example, practitioners have to compare the development of one child to "that which could reasonably expected of a similar child" (Children Act 1989, p. 109).

Decisions on what exactly constitutes significant harm and whether thresholds are met are inherently difficult and influenced by personal and professional identities (Beckett & McKeigue, 2007; Harwin & Madge, 2010). Lyon describes these as analyses that are "invidious, if not well-nigh impossible, but do raise incredible spectres of class, cultural, racial, religious and ethnic considerations" (Lyon, 1989, p. 205). A range of factors influence the interpretation of thresholds, including the nature of the concerns, parental accountability, and policy and organisational contexts (Platt, 2006; Platt & Turney, 2014). At the individual and organisational levels, workers and organisations with more risk-averse beliefs and outlooks are more likely to decide to investigate for child protection concerns (Damman et al., 2020). The multi-agency context can present further complications, with different professional understandings and thresholds influencing assessment and decision making, even though there are shared thresholds for initiating child in need and child protection plans, and care proceedings (Cleaver, Unell & Aldgate, 2011; Munro, 2020).

Within the child protection arena, practitioners need to locate the threshold between what is an acceptable level of care or merely barely adequate and what is deemed harmful and requiring professional intervention (Glaser, 2011). The following influential case law from England states this eloquently. In 2007, H.H.J. Hedley in Re L (Care: Threshold Criteria) [2007] stated that:

> “society must be willing to tolerate very diverse standards of parenting, including the eccentric, the barely adequate and the inconsistent…It means that some children will experience disadvantage and harm, while others flourish in atmospheres of loving security and emotional stability. These are the consequences of our fallible humanity and it is not the provenance of the state to spare children all the consequences of defective parenting. In any event, it simply could not be done.”

There does not necessarily have to be a trigger incident to satisfy the grounds for significant harm for neglect, rather evidence of ongoing and cumulative significant harm that the child is suffering or likely to suffer (Brayne, Carr & Goosey, 2015; Dickens, 2007). However, the current technical-rational models of thresholds that dominate in the UK can be used in an oversimplified fashion to determine eligibility and lead to failure to respond proportionately (Clapton, 2020; Lonne et al., 2009; Platt & Turney, 2014).

There are significant challenges in determining the nature, severity, causes, and impacts of neglect and subsequent case planning in legal, policy, organisational, professional, and ethical terms (Dickens, 2007; Mennen et al., 2010). Decisions on thresholds in everyday practice can be filled with ambiguity, and real-world neglect cases can make rationality and clarity difficult (Doherty, 2017; Platt & Turney, 2014). This decision-making takes place within resource and time constraints, societal expectation for social workers to ‘get it right’ and potentially hostile political and public criticism if things go wrong (Beckett & McKeigue, 2007; Butler & Drakeford, 2011).

Within these contexts, practitioners can feel pressure to reduce what are complex decisions to limited and manageable decision-making strategies (Biehal, 2005; Broadhurst et al., 2010; Platt, 2006; Platt & Turney, 2014). Over time, these decision-making patterns can become embedded within the organisational culture (Rzepnicki & Johnson, 2005). Errors in decision-making include setting thresholds too high and refusing support, or conversely over-inclusion of children within the child protection system and over-intrusion into family life (Farmer & Lutman, 2010; Lonne et al., 2009; Stafford et al., 2012). Such errors can be difficult to firmly identify, but can occur and recur in practice (Farmer & Lutman, 2010; Stafford et al., 2012).

The concept of harm being attributable to the care given to the child is significant and complex in neglect cases. On the one hand, parents or carers may be experiencing poverty and deprivation, and neglect may be strongly linked with community and societal factors, or indeed with lack of timely professional support (Dickens, 2007; Sattler, 2022). On the other hand, in neglect cases further action can be deemed unnecessary as the harm may be viewed as unintentional or due to social conditions, when instead parental actions are influential (Dubowitz, 2007; Platt, 2006). This raises the spectre of some of the most neglected children being responded to the slowest, with severe impacts on their wellbeing and development (Daniel, Scott & Taylor, 2011; Farmer & Lutman, 2010).

2.3.3 The Nature of Interventions

The intervention of a child protection plan and statutory children's social work forms part of a broad spectrum of professional responses to neglect in the UK, ranging from early intervention to care proceedings and removal of children. Plans for

intervention emanate from assessments, reinforcing the need for accurate and high-quality assessments (Munro, 2020).

Interventions can be classified as early or late in terms of the child's age and the length that neglect has been occurring (Moran, 2009). Cases where child protective services become involved likely reflect more severe and chronic forms of neglect (Daniel, 2017; English, 1997). Less severe or chronic cases of neglect are less likely to be reported or investigated and there must, at least by the law of averages, be cases that do not come to the attention of professionals at all (Dubowitz et al., 2005b; English, 1997).

The level of need and necessity for repeated interventions in chronic neglect cases generates significant demands on professionals and organisations' time and resources (Davies & Ward, 2011; Long et al., 2014). Neglect is multi-faceted; therefore, some argue that interventions also need to be multi-faceted, based within collaborative inter-agency working, long-term, and attentive to the range of issues impacting family functioning and child wellbeing (Daniel, 2017; Hallett & Birchall, 1992; Long et al., 2014; Stein et al., 2009). Such approaches require high-quality assessment grounded in evidence-based knowledge as a starting point (Parker, 2020; Taylor, 2017). Assessments should clearly identify interventions and how these will address families' needs.

A range of scholars recognise the importance of long-term interventions, especially in cases of chronic neglect (Daniel, 2015; Horwath, 2013; Moran, 2009). A longer-term and intensive approach requires practitioners to meaningfully engage with families over a sufficient period of time to support changes to be implemented and sustained (Beckett, 2007; Turney & Taylor, 2014; Warner 2015). In the current

UK climate of short-term working, significant cutbacks and target-driven cultures this is difficult to achieve (Cummins, 2018; Long et al., 2014; Parton, 2014a; Stafford et al., 2012; Webb & Bywaters, 2018). Such short-term and simplistic approaches can only offer responses to the symptoms of families' difficulties, not the causes (Devaney & Spratt, 2009; Spratt, Devaney & Frederick, 2019).

However, as the *Independent Review of Children's Social Care* in England states, "for families who need help, there must be a fundamental shift in the children's social care response, so that they receive more responsive, respectful, and effective support" (MacAlister, 2022, p. 8). For this to happen in neglect cases, a broad and inclusive approach to intervention can be considered preferable, inclusive of public health approaches as well as those targeted at individual families (Proctor & Dubowitz, 2014). This approach should value reconnecting communities and professional systems, and proactive and preventative practice (Ferguson, Ioakimidis and Lavalette, 2018). Such an approach should recognise that, for the majority of families experiencing neglect, a range of life stressors and adversities are present. Intervening at the level of society and community is likely to have greater benefits than targeting individual 'at risk' families (Blumenthal, 2021; Proctor & Dubowitz, 2014).

Effective early intervention is considered a preferable option (Daniel, Scott & Taylor, 2011; Dubowitz, 2007; Long et al., 2014). This may be in a supportive fashion or making the decision to remove a child early when issues are entrenched and change is unlikely (Hannon, Wood & Bazalgette, 2010; Stevenson, 2007). Families can experience chronic neglect in part because services do not effectively address underlying issues and causes (Loman, 2006). This can start with inaccurate

assessments of the needs of families (Dyke, 2019; Taylor, 2017). Issues in support can be magnified by families struggling to seek and make use of informal support services (Daniel, Taylor & Scott, 2010) that may prevent the need for statutory interventions.

2.3.4 Lack of Evidence for Interventions

Interventions associated with neglect are often aimed at families considered high risk for more general maltreatment and aim to address factors that are considered potentially contributory to neglect itself, rather than addressing neglect head on (Daniel, Scott & Taylor, 2011).

It is perhaps surprising, due to the prevalence of neglect in the UK and globally and its potentially significantly harmful impacts, that there is a dearth of evidence on which interventions or practice models are effective in responding to neglect, with few interventions that target neglect specifically (Daniel, Scott & Taylor, 2011; Gardner, 2016; Horwath, 2013; Lafantaisie et al., 2020; Macmillan et al., 2009). “Research evidence regarding ‘what works’ in preventing or reducing neglect and its adverse outcomes is relatively sparse” (Moran, 2009, p.13); a view echoed by a range of authors (Barlow & Schrader-Macmillan, 2009; Daniel, Scott & Taylor, 2011; Horwath, 2013; Taylor et al., 2016). There is insufficient evidence that occurrences of neglect are reduced through neglect-specific interventions (Gardner, 2016; Macmillan et al., 2009). This is a concern, as it is important for families that effective and holistic assessment can lead to interventions that are known to work (Thyer & Pignotti, 2015).

The dearth of reliable evidence to inform practice with neglect cases fits within a wider backdrop of a lack of rigorous or systematic evaluative research of child

protection and children and families social work (Gambrill, 2010; Macdonald, 2017; Pelton, 2009). The available evidence on how issues, interventions, and outcomes are linked and interconnected is limited to the extent that it can, at best, act as a partial guide to which responses and interventions demonstrate a degree of promise (Horwath, 2013; Tanner & Turney, 2006). Much of the literature emanates from the USA, raising issues of transferability to a UK context (Turney & Taylor, 2014). Issues of implementation fidelity must also be considered, as what works within research settings may not be so effective within direct practice (Cross & West, 2011). Finally, one overarching neglect intervention strategy or approach is unlikely to work with all families (Daniel, Scott & Taylor, 2011).

There are significant variations in the relevance and reliability of outcome measures in studies. These substantive issues are further compounded by the tendency to use composite interventions, as opposed to singular ones (Macdonald, 2001). The challenges of understanding what works are further complicated by the conflation of neglect with abuse as child maltreatment within studies, with few looking directly at how social workers and allied professionals recognise and respond to child neglect (Daniel, Taylor & Scott, 2010; Macdonald, 2001; Proctor & Dubowitz, 2014). Comparison of the findings of studies into interventions for neglect are therefore difficult, as they are essentially looking at different things (Horwath, 2013).

There are potential merits to intensive interventions, but these cannot be considered a panacea for neglect cases (Horwath, 2013). They commonly feature intensive support for time-limited periods, focused parenting support, 24-hour availability of workers, and a focus on family and community support networks (Long et al., 2014; Nelson et al., 2009; Tunstill, Blewett & Meadows, 2008). School-based

interventions have been advocated (Daniel, Scott & Taylor, 2011; Moran, 2009), as have programmes focused on parental education (Horwath, 2013; Moran, 2009), early intervention programmes (Daniel, Scott & Taylor, 2011; DePanfilis, Dubowitz & Kunz, 2008), and interventions based on a child-centred approach (Horwath & Tarr, 2015). Strengths-based approaches have also been advocated for neglect (Burgess et al., 2014). However, the evidence base for effectiveness of all of these is limited at best (Brandon et al., 2014a; Horwath, 2013; Nelson et al., 2009). Community-focused initiatives, where early intervention supports the connection between families and their communities, appear to have promise (Taylor et al., 2016).

For the purposes of this thesis it is important to recognise that assessment can itself be understood as an intervention for neglect (Helm, 2010; Stevenson, 2007). Ecological approaches to assessments and interventions, in line with the underlying ethos of *The Framework for the Assessment of Children in Need and Their Families* (DoH, 2000), have been advocated by a range of academics in the UK and beyond, including Aldgate (2006), Brandon et al. (2008), Corby, Shemmings and Wilkins (2012), Jack (2001), Seden (2006) and Stevenson (1998). Such assessments and interventions encourage supporting the fit between child and environment (Jack, 2001). *The Framework for the Assessment of Children in Need and Their Families* is itself based on the principle that assessments should be grounded in evidence-based knowledge (DoH, 2000).

2.3.5 Standards of Practice

In order to respond confidently and knowledgeably to neglect and abuse, a competent and skilled workforce is required. Within child protection and children and families social work in the UK, however, there are high levels of staff turnover and

concerns about the experience levels within the field (Healy, Meagher & Cullin, 2007; McFadden, Campbell & Taylor, 2015). There are linked concerns about the levels of expertise on child maltreatment in both the health and education fields (Daniel, Taylor & Scott, 2010). Meanwhile, there are record numbers of social workers leaving the children and families field: in England 5,400 left in 2022, with 7,900 vacant posts, an increase of 21% on 2021 (DfE, 2023).

Further, stable organisations are required with high standards (Horwath, 2013). As of October 2022, 44% of local authority children's services in England were rated as "inadequate" or "requires improvement to be good", while 40% were rated as "good", and 15% as "outstanding" (Community Care, 2022). This portrays a mixed picture of standards of practice.

In addition, professionals need to have access to and use a rigorous evidence base to support their practice (Taylor et al., 2016). However, the former president of the family court division of England and Wales (from 2013 until 2018), Sir James Munby, has stated that the entire family court system, including social work, is operating without the comprehensive evidence base required to make such important decisions as the future care arrangements of children. He has described that the system is out of touch with contemporaneous research, lacks analytical rigour, and lacks a knowledge base around the wider implications of decisions made, or the impacts of factors such as social class (Curtis, 2019). His arguments are supported by a range of academics who argue that decisions in practice are often not based on rigorous research findings or on a formal knowledge base (Chalmers, 2003; Gambrill, 2006; Graaf & Ratliff, 2018; Macdonald, 2001; Munro, 2020; Pignotti & Thyer, 2009). This is discussed in greater detail in chapters 4 and 5.

For cases of neglect, where features of chronicity and multiplicity of problems can dominate, the target-driven and performance management cultures discussed in section 2.3.1 have clear issues for standards of practice. In these approaches, “agencies working with child neglect became more concerned with the organisational need to meet targets rather than the needs of the child” (Horwath, 2013, p.124). Further, the established individualising casework models of UK social work, and indeed health visiting, midwifery and other allied professions, do not promote the broader thinking that is required to understand people within their communities and consequent recognition of socioeconomic drivers for needs and harms (BASW & CWIP, 2019; Dorsey et al., 2008; Wallace & Abbott, 1998). This is especially problematic for neglect as a social form of harm (BASW & CWIP, 2019; Mulder et al., 2018; Ondersma, 2002).

There are criticisms that social work training courses in the UK are driven by employers’ priorities of competence, compliance, and procedural knowledge; rather than by the purpose of developing thinking and autonomous professionals ready to carry out rigorous and critically reflective assessments (Domakin, 2015; Rogowski, 2015; Stone, 2016). There are linked criticisms that training courses for allied professions, such as teaching, place too little emphasis on preparing students for assessing and responding to child maltreatment (Gubbels et al., 2021)

Gilbert et al.’s study (2012), focused on neglect and physical maltreatment across six countries, including England and the USA, found no clear evidence for an overall decrease in these forms of child maltreatment despite rafts of policies and decades of practice focussed upon achieving this aim. Research has highlighted the imprecision and vagaries of decision-making within the child protection and children

and families fields, with some assessments judged to be only slightly more accurate than guessing and limited patterns of risk factors informing practitioners' assessments and reports, other than those identified in prior reporting (Barlow, Fisher & Jones, 2010; Dorsey et al., 2008; Munro, 2020). Further, there is inconsistency in how services respond, with some families investigated, some offered support and some receiving no intervention or support at all (Featherstone, 2023). As will be discussed in greater detail in chapters 4 and 5, these issues support this thesis' adoption of an evidence-based approach to the complicated, and in practice perplexing, issue of neglect.

2.3.6 An Increasingly Risk-focused and Authoritarian Practice Landscape

Social work and allied professional practice are taking place within an increasingly unequal society in the UK, poverty is becoming more individualised, feelings of shame and stigma are prominent, and practice is framed within increasingly authoritarian systems (Bilson & Hunter Munro, 2019; Bywaters et al., 2018; Bywaters & Sparks, 2017; Featherstone et al., 2018). It is unfortunate that anti-oppressive practice seems increasingly elusive within such constraining policy and organisational contexts, as discussed in chapter 3.

A range of authors (Bilson & Hunter Munro, 2019; Cummins, 2018; Featherstone et al., 2018; Gupta, 2017; Krumer-Nevo, 2009; Rogowski, 2012; Warner, 2015) argue that children and families social work, notably within the child protection arena, has become increasingly authoritarian and punitive, moving to a risk-focused, interventionist, and protectionist model to the exclusion of support and recognition of the impacts of wider socio-political forces. That there has been a paradigm shift from focusing on needs and improving wellbeing to focusing on risk

and making certain that things do not deteriorate (Featherstone, Morris & White, 2014; Gupta, 2017; Parton, 1996; Rogowski, 2015; Warner, 2015). Such risk-focussed practice with associated biases in assessment and decision-making, is evident within allied professions, notably health, police and education, especially when practice is located within the child protection arena (Enosh et al., 2021; Ericson & Haggerty, 1997; Stanley, 2005). Multi-agency safeguarding hubs in the UK can formalise such risk-focussed multi-agency approaches through accountability pressures, quicker escalation of concerns and heightened focus on statutory safeguarding responsibilities (Hood et al., 2020).

This risk-focused approach struggles to fathom the relationship between economic and community contexts and safeguarding, or Seebholm's vision of children's services as family-orientated, community based, and available to all (Bywaters et al., 2018; Featherstone et al., 2014b; Parton, 2014a; Seebholm, 1968). Child protection plans increased by 24%, care orders by 25%, and care proceedings by 56% between 2014-17 in England, despite referral rates remaining stable (Hood, 2019). Between 2010-21 S.47 child protection investigations increased by 127%, with the number not leading to a child protection plan increasing by 211% (DfE, 2021). By 2015-16 over one quarter of referrals to local authorities in England were investigated under S.47 as a child protection concern, compared to only one in seven in 2009-10 (Bilson & Hunter Munro, 2019). These statistics portray that while referral rates have remained stable, more authoritarian and draconian responses have increased and practice has moved towards risk aversion, where negating risk and uncertainty becomes the principal aim. As Featherstone (2023) suggests "Separation is

promoted despite evidence it increases risks and there are few services to support those who wish to repair relationships or move on safely...” (p.119).

Between 2003-21 there was an 89% increase in the rate of children in care in Wales, the significant majority of these children being from families living in poverty. Within this figure, there were significant differences between local authorities; for example, Monmouthshire exhibited a 356% increase in their rate, Neath Port Talbot 24%, and Carmarthenshire no increase at all (Forrester et al., 2022).

The faith placed in the current risk assessment models appears misplaced, with these models based within a disease model of neglect and abuse, and unclear harm definitions, leading to the spectre of such models reinforcing deep inequalities and blaming and shaming as opposed to effectively assessing and supporting (Damman et al., 2020; Jack, 1997). As neglect is an especially complex and social harm classification, this argument comes into especially sharp focus. Neglect raises a number of significant issues around parental responsibility. It can be difficult to differentiate between unsatisfactory levels of care through poverty and unawareness or through lack of care and concern (Blumenthal, 2021; Stevenson, 1998). Chronic neglect cases often involve parents and families facing a multiplicity of interrelated issues. These can include socioeconomic disadvantage, mental health difficulties, and domestic abuse (Dufour, 2008; Horwath, 2013). Within UK government vernacular such families have been termed “multiple problem families” (DfE, 2011).

A number of scholars argue that child protection social work has become increasingly founded on a politics of responsibility, referred to as ‘responsibilisation’, where ideas of collective responsibility and support for families have been replaced by placing individual and total responsibility, and consequent blame, for family

functioning and difficulties on parents and carers (Featherstone, 2016; Garrett, 2010; Lavin, 2008; Springer, 2012). Neglect can then be scrutinised free from the influences of social and structural forces, a matter discussed in depth in chapter 3 of this thesis. Fathers can often be viewed as risk as opposed to resource within children's social work: "research repeatedly finds that fathers are not regularly engaged with in social work practice and that social workers are not supported or encouraged to work with fathers in meaningful ways…" (Haworth, 2019, p. 331). Similar engagement issues are found in allied professions, such as health visiting (Humphries & Nolan, 2015). The primary focus in practice then often remains on mothers, often disaggregated from the contexts within which they parent (Dufour, 2008; Horwath, 2013).

There are differences in practice and levels of intervention between and within local authorities, as highlighted above. An inequalities perspective has only recently been applied to children and families social work, and the work of Bywaters and collaborators introduces a quantitative element to research into the role of family socioeconomic circumstances in children's chances of involvement with social work (Bywaters et al., 2017, 2022). This perspective proposes that children and families face avoidable unequal chances, experiences, or outcomes with children's services that are systematically related to social disadvantage and levels of locality deprivation (Bywaters et al., 2015).

However, links between levels of deprivation and interventions are complex. The NAO found that, in England, local authorities' characteristics, including custom and practice in children's social work and characteristics of children and their families, accounted for 44% in the variation in levels of child protection plans

between areas, while deprivation levels accounted for only 15% (NAO, 2019). Bywaters et al. (2016a) have proposed that an inverse intervention law is in operation. Thus, although intervention rates (child protection plans and/or being received into out of home care) are higher in more deprived areas, for any specific level of deprivation children living within a less deprived local authority are more likely to be subject of such intervention. It is proposed that, as local authorities with higher levels of deprivations face greater pressures to ration scarce resources, they move them to community support services more, whereas lower deprivation local authorities progress children's cases to higher tariff interventions more rapidly (Hood et al., 2016).

2.3.7 Engagement with Families

These issues create deep problems for engagement with families. Few families feel involved as informed and respected participants with statutory children and families services, with their involvement often not voluntary (Dale, 2004; Dumbrill, 2006; Tobis, 2013), while levels of satisfaction for the parents of these families are low (Wilkins & Forrester, 2021). Child protection systems almost invariably and inherently induce feelings of shame for parents (Gibson, 2015, 2019b). This is problematic when considering that service user satisfaction has been linked with improved outcomes (Kendra, 2015). However, respectful attitudes, competence, and focussed support of workers can support more positive experiences within these systems (Hojer, 2011; Schreiber, Fuller & Paceley, 2013).

Families rarely use the concepts of physical, sexual, emotional abuse, or neglect, instead talking about injuries and concerns (Dale, 2004). This raises concerns about whether children and families social work and allied professions

achieve shared meaning or understanding with families at even this basic level. The language and discourses of professions, including social work, can be understood as historically specific but powerful, dependant on generalisations and stereotypes of people and perceived solutions to problems (Rojek, Peacock & Collins, 1988). Clear language and developing shared understanding on issues and solutions are critical for balanced and fair assessments and for interventions that promote opportunity and capacities for change (Holland, 2010; Milner, Myers & O'Byrne, 2015).

It is important to recognise the gendered nature of policy and practice with regards to neglect in the UK and internationally (Casey & Hackett, 2021; Daniel & Taylor, 2006). Care is traditionally linked with femininity and practice can reinforce such stereotypes (Strega et al., 2008). Mothers can typically be constructed as primarily responsible for failing to provide good enough care to children (Daniel & Taylor, 2006). Caring is undervalued in society, with those in caring roles often materially and symbolically subordinated (Lynch et al, 2009). Gendered assessments of neglect can uphold such structural stigma and disadvantage, placing responsibility on the shoulders of mothers and discounting the roles of fathers (Casey & Hackett, 2021).

Most children in the UK, and further afield, do not have the state make formal decisions about significant matters such as who should care for them, where they should live, or who they should have contact with. However, children in contact with child protection have such substantial state intrusions in their lives (Thomas & O'Kane, 1999). In line with Article 12 of the United Nations *Convention on the Rights of the Child*, and with influential UK childcare legislation such as the *Children Act 1989* and *Children Act 2004*, such children have the right to participate in decisions

that directly affect them (Brayne, Carr & Goosey, 2015; Kennan, Brady & Forkan, 2018). The use of comprehensible child-friendly language is of importance to actively promoting this right within assessments and interventions (Warner, 2015). However, children and young people's voices and views, especially those of younger children and those from poorer families, are regularly not included in assessments about them and their families (Latsch et al, 2023).

2.4 Measuring and Assessing Neglect

2.4.1 Measurement in Social Work and the Social Sciences

Well-developed measurement and assessment tools and frameworks based within the research literature can increase the accuracy and quality of assessments and counter the significant sources of bias that can dominate assessments and decision-making (Barlow, Fisher & Jones, 2010; White & Walsh, 2006). Within the social sciences, however, social work is largely missing from measurement debates and the development of standardised measures (Perron & Gillespie, 2015). This is at least in part related to its concerns about evidence-based and standardised practices (Gambrill, 2006; Sheldon & Chilvers, 2000), and a dominant narrative, certainly in the UK, that social work practice is too complicated and nuanced to be scientifically or systematically understood (Macdonald, 1998; Okpych & Yu, 2014).

Despite these protests, measurement is fundamental to understanding the physical and social worlds (Blalock, 1984; Lester, Inman & Bishop, 2014; Perron & Gillespie, 2015). Measurement "is arguably one of the most important and difficult tasks in social work research" (Perron & Gillespie, 2015, p.1). It is important for a variety of reasons. It is critical to understanding social problems such as neglect, and finding out what interventions work for families (Macdonald, 1998; Pelton, 2009). For

a profession often under critical scrutiny, effective measurement can give effective data on which to base interventions and services. The current lack of reliable data enables a variety of criticisms of social work and its knowledge base (Feldman & Siskind, 1997; Pelton, 2009; Thyer, 2008).

Measurement within the social sciences has not attained the level of standardisation as within the physical sciences, and this may not be achievable (DeCarlo, 2018; Lester, Inman & Bishop, 2014). Social science research involves numerous variables, including latent ones that are difficult to control for but still affect measurement (Perron & Gillespie, 2015). Constructs are the focus of measurement, for this research the key construct being neglect. Measurement of neglect is made more difficult by the construct of neglect itself being so heterogeneous and complicated, and because there is a lack of agreement as to what constitutes neglect and its scope (Dubowitz et al., 2005a; Horwath, 2013). This will be discussed in greater detail in chapters 4 and 5.

2.4.2 A Note on Frameworks and Methods for Assessing Neglect

Evidence-based high quality measurement tools are important for measuring abuse and neglect, but perhaps surprisingly there is no gold standard for measuring neglect or other forms of child abuse (Bailhache et al., 2013). *The Framework for the Assessment of Children in Need and their Families* remains the overarching standard assessment model for children and families social work in England and Wales (Horwath, 2010). As discussed in section 2.3.4, it is based on an ecological approach to assessing families' needs within the three domains of child's developmental needs, parenting capacity, and environmental factors (DoH, 2000). It does provide a map for gathering and analysing information in practice, but has a range of critiques

(Bentovim, Bingley Miller & Pizzey, 2009). Critiques include that an ecological approach focuses on people adapting to their environments rather than substantive change to such unequal environments, and that it values the views of professionals as experts over the voices of families themselves (Garrett, 2003; Payne, 2005). In addition, it is certainly not a neglect specific framework.

Assessment and measurement frameworks and tools cannot substitute for sound and informed professional judgements, but can be intelligently utilised to assist analysis of information for balanced and informed professional judgements (Cleaver, Walker & Meadows, 2004; Macdonald et al., 2017). Within the child protection arena "there is also increasing consensus about the need to move toward the development of Structured Professional Judgement in which professional decision-making is supported by the use of standardised tools" (Barlow, Fisher & Jones, 2010, p. 4). A number of academics argue, however, that research evidence is rarely used to underpin social work assessments and decisions in practice in the UK, and indeed a range of other countries (Benbenishty, Osmo & Gold, 2003; Macdonald et al., 2017; Rosen, 1994; Wakefield et al., 2022). There is a limited but important body of research evidence on child neglect, including on risk and protective factors, as identified in chapter 1 (Horwath, 2013; Proctor & Dubowitz, 2014). This supports a degree of informed thinking in practice, but as demonstrated by social work and allied professions' ongoing problems with responding to neglect, it is clearly not enough. The lack of valid and reliable measurement tools or clear standards for operationalising and measuring neglect contribute to the practice issues described above (Proctor & Dubowitz, 2014).

There are clear benefits to developing caregiver report measures, but also significant issues with developing valid and reliable caregiver report measures of abuse and neglect given their general tendency to respond in what they view as socially desirable ways (Compier-de Block et al., 2017; Yoon et al., 2021). Given that children and caregivers tend to report higher levels of abuse and neglect than professionals, who may put more focus on the severe cases (Stoltenborgh et al., 2015), developing an accurate tool that is inclusive of all views is a challenge. For neglect, risk assessment tools may not improve risk assessment, but analytical tools may well be helpful for developing holistic understanding (Brandon et al., 2008; Daniel, Taylor & Scott, 2010). This is important given the longstanding difficulties in relation to effective analysis within social work assessments (Barlow, Fisher & Jones, 2010; Holland, 2010; Horwath, 2013; Turney et al., 2011). Misclassifications within children and families social work and allied professions, and erroneous assessments need to be addressed as they can have far reaching consequences (Barlow, Fisher & Jones, 2010; Munro & Calder, 2005).

2.4.3 An Evidence-based Approach

Child welfare academics have long advocated for more research and evidence-based approaches to assessing and intervening in child neglect (Brandon et al., 2013; Dubowitz, 2007; Moran, 2009; Semanchin-Jones & Logan-Greene, 2016; Stevenson, 2007; Wolock & Horowitz, 1984). Evidence-based practice aims to support the synergy between research and practice and informed decision-making (Thyer & Pignotti, 2015). “The process and philosophy of evidence-based practice as described by its originators is a new educational and practice and policy paradigm designed to decrease the gaps between research and practice in order to maximize

opportunities to help clients and avoid harm. It is a guide for thinking about how decisions should be made" (Gambrill, 2011, p.31).

An evidence-based paradigm has guided this research and its three primary phases: the systematic review, Delphi study, and piloting of the draft tool in practice. The adoption of an evidence-based approach, how this worked in practice, and strengths and limitations are discussed in depth within this thesis' methods chapters.

2.4.4 The Good Enough Care Assessment Tool

The development of tools for practice is deemed critical to evidence-based practice and supporting practitioners to make informed decisions in the real world (Gambrill, 2010; Macdonald, 2001). The development of a practice-relevant child neglect measurement has been the primary aim of this research, to support practitioners to effectively and fairly assess child neglect in frontline practice. The *Good Enough Care Assessment Tool* has been rooted in the literature and developed through rigorous empirical research. The development of the tool, and its structure and key features, are discussed in depth in this thesis' methods and concluding chapters, as well as in journal articles 2 and 4.

2.4.5 Other Commonly Used Tools

Journal article 1 focussed on the systematic review of national and international measurement tools for child neglect, analyses and discusses their validity, reliability and clinical utility. It concludes by stating "until reliable, valid and usable measures are available, social workers should conduct full detailed assessments of their own and not rely on measures whose validity, reliability and neglect specificity are unknown" (Haworth et al., 2022a). The systematic review evaluated tools against the gold standard of an assessment by a qualified children's

social worker or assessor working within children's social work, as these assessments remain the best available tools in practice and are completed by trained professionals in accordance with law and policy. Journal article 3, focussed on the survey of children and families social workers views on assessing child neglect in England and Wales, found that they lacked confidence in the accuracy of the tools they use. Duman et al. (2023) found a wide range of tools in use in practice in England, with a majority not psychometrically tested. They recommended that such testing and validation being prioritised.

The most commonly used tool in England is the Graded Care Profile (GCP) and updated GCP2. GCP2 has been implemented in a significant number of local authorities in England, in line with the NSPCC's plan to scale up its use within local authorities (Smith et al., 2019). There have been studies examining the validity and effectiveness of both the GCP and GCP2, but none were considered rigorous enough to meet the inclusion criteria of the systematic review, not having been assessed against the set gold standard of a contemporaneous comparison to a social work assessment.

However, both tools present strengths. They are considered to support more objective and evidence-based assessments of neglect (Smith et al., 2019). GCP2 is viewed as more accessible than GCP and practitioners have viewed it as supporting their confidence in assessing neglect (Johnson & Fisher, 2018; Smith et al. 2019). Its use has been recommended in some serious case reviews where neglect has been a key feature, for example Booth (2020) and Sandiford (2022).

Sen et al.'s (2014) study on GCP essentially employed a case study design. It found that practitioners appreciated how the tool broke down care into different key

areas, but that there were issues with the tool's language and the use of the tool to engage parents. Johnson and Cotmore's (2015) evaluation of GCP incorporated a mixed methods design. It gathered and analysed qualitative data from 27 interviews with a purposive sample of practitioners and quantitative data from 132 cases on how the tool was used and on practitioners' experiences of using the tool (not its validity or reliability).

Johnson and Fisher's (2018) study on GCP2 tested the validity of the tool with a small sample of NSPCC practitioners, finding that it had preliminary validity, but that further rigorous testing was required. Johnson, Smith and Fisher's (2015) evaluation of GCP2 focussed on validity and reliability. Their study incorporated three pairs of practitioners completing GCP2 with 10 cases and comparing scoring to test reliability. Validity was tested against two other tools, the North Carolina Family Assessment Scale and the HOME inventory. One practitioner from each of the three pairs tested for validity. GCP2 was found to be valid and reliable in this small sample. The study identified some concern about false positives and the tool not focussing on families' wider problems.

Smith et al.'s (2019) study on GCP2 incorporated surveys eliciting the views of practitioners (in local authorities where the tool was being rolled out) on the tool and unstructured interviews to follow up on the surveys. The results showed that participants were generally positive about GCP2 as a tool, viewing it as an improvement on GCP and supportive of clearer assessments. However, practitioners also shared views that the language in the tool was overly complex in places, its length was still a barrier and that it could encourage overly intrusive practice with families, discouraging relationship-based practice. Smith et al. (2019) stated that "at

the time of the post-implementation interviews, the use of the tool was still fairly limited, with just over half of trainees not having used it at that stage" (p. 308).

It is unfortunate that none of the studies into GCP or GCP2 have effectively captured families' views. Margolis et al.'s study (2022) into how GCP2 supports change did gather the views of ten parents on being supported to change via a case study approach. The parents shared some positive experiences in caregiving and relationships with the support of practitioners. It was noted in the report that a range of other tools, factors and services may have impacted positive changes, stating that this "…presents a challenge in terms of identifying how the tool specifically contributed to positive changes following assessment" (p. 32).

All of the above studies have been NSPCC studies, and as Duman et al. (2023) argue, it would be beneficial for the GCP2 to be evaluated independently. Although the studies rightly point to strengths of both, as discussed in journal article 1 the GCP and GCP2 cannot be considered rigorously developed and tested evidence-based tools. This is a particular issue, given the significant practice issues assessing child neglect described earlier in this chapter.

Journal article 3 details the survey conducted as part of this thesis into children and families social workers' views on assessing child neglect. Within this survey, practitioners were asked about child neglect assessment tools they use, including GCP and GCP2. They generally lacked confidence in the tools they use accurately assessing neglect and being usable in practice. A majority disagreed that current tools are inclusive of social harms such as poverty and community deprivation. For those using GCP and GPC2, over 63% disagreed or strongly disagreed they are quick and simple to complete, and less than 40% agreed or

strongly agreed they accurately assess neglect. Over two-thirds disagreed or strongly disagreed they support assessments that are inclusive of social harms making family life harder.

The GECAT is different to GCP2 in a number of ways. GCP2 essentially assesses the quality of care received by a child, not specifically the presence of neglect, although it has been evaluated as able to identify neglect (Barlow, Fisher and Jones, 2010; Johnson & Cotmore, 2015). It has scales running from 1-5 (needs met to needs not met), focused on different aspects of care (Johnson & Fisher, 2018; Srivastava, Hodson & Fountain, 2017). It is also detailed and lengthy. The GECAT is shorter and focuses on assessment of neglect, its severity, chronicity, and type. This was important for the systematic review's advisory group of practitioners, who informed they wanted a short and focused tool in practice. As discussed in section 2.3.1 and journal article 1, the onset of Covid-19 has changed the practice landscape and reduced the time practitioners have face-to-face with families, meaning development of a shorter and simpler tool has been timely.

The GECAT has been developed fully inclusive of families' views, a different approach than that adopted for development and evaluation of GCP and GCP2, which do not identify parent or carers' capacity to change (Barlow, Fisher & Jones, 2010), whereas the GECAT focuses on capacity for change with appropriate support. GCP and GCP2 focus primarily on the family level and fail to assess contextual issues for neglect whereas the GECAT, supported by the framework of social harm, looks to assess key risk and protective factors from the family through to the societal level, inclusive of social harms such as poverty. There has been a fundamentally different ethos and value stance driving its development. Within some local

authorities' guidance for GCP and GCP2, it is suggested that the roles of poverty and culture should be minimised unless in extreme circumstances (Norfolk Safeguarding Children Board, 2015; Solihull Local Safeguarding Children Partnership, 2019), despite the strong links between neglect and poverty highlighted in this thesis. There has therefore been clear scope for development of a concise, valid, and practice-relevant measurement tool for child neglect that is inclusive of social harms, and there is a gap in service provision that this study addresses.

2.5 Summary

This chapter has discussed a range of issues in assessments and interventions for neglect. It has set out the issues facing social work and allied professions in effectively assessing and responding to neglect in informed and balanced ways. These issues have been related to the risk-focussed and authoritarian practice landscape, to a limited evidence base for assessments and interventions, and to an ongoing focus on individual, not social or societal, drivers for neglect. The chapter has discussed the dominance of risk and managing risk to the exclusion of assessing and meeting need. It has briefly considered how social work is largely absent from measurement debates and development, but how well-developed tools and frameworks can support informed professional judgements. It has discussed other commonly used assessment tools, notably GCP and GCP2.

In order to provide a framework to understand neglect as a social form of harm within our deeply unequal societies, a lens of social harm has been applied. The next chapter will outline the theory and its relevance for social work and neglect. It will also discuss other theories relevant to neglect and explain why a social harm framework was chosen.

3 Theory Chapter

3.1 Summary From Chapters 1 and 2

Chapters 1 and 2, and the four papers from this thesis, discuss child neglect and its range of influential personal, family, community, social, and organisational contexts. Chapters 1 and 2 highlighted the challenges of defining neglect and the challenges for social work and multi-agency teams to effectively identify and assess neglect. They discussed the prevalence of neglect and its significant impacts on and costs for children, families, communities, and societies.

Chapters 1 and 2 commenced this thesis' discussion on measuring neglect and on the adoption of an evidence-based approach to the task. Chapter 2 proposed that accurate assessment and measurement are essential for informed and proportionate interventions that offer more focussed support; for the raising of practice standards; and to ensure that fewer cases of neglect are missed or misdiagnosed during the assessment process (Barlow, Fisher & Jones, 2010; Munro & Calder, 2005). Chapters 1 and 2 identified gaps in the knowledge base on neglect, a social form of harm, and the need for a new measurement tool that can capture key societal and community drivers for neglect.

3.2 Chapter Introduction

This chapter explains social harm, the theoretical framework applied to this thesis, and the reasons for its choice. It first discusses the social harm approach and its key elements, then other theories that could have been applied and the reasons why a social harm framework was preferred. The chapter then explores the relevance of social harm to social work, allied professions and their assessments of neglect. As with the preceding chapters, this chapter focusses primarily on social work and

places emphasis on child protection, given its contested nature, its role as an important context for neglect assessments and interventions, and association with a range of social harms. It concludes with a summary of the key discussion points.

Theories influence concepts studied within research, and how the relationships between concepts are viewed and understood (Risjord, 2014). As discussed in chapters 1 and 2, neglect is a multi-causal and deeply complex societal, familial, and personal issue that is frequently framed by breakdowns in social support and social relationships (Lacharite, 2014; Tanner & Turney, 2003). Practice currently tends to examine individual, familial, and perhaps community factors when neglect is being assessed, while ignoring wider social forces and inequalities (Bywaters et al., 2018; Featherstone et al., 2018; Horwath, 2013). A wide range of theories have been considered to support understanding of neglect and the tool's development, as discussed below. The framework of social harm has been applied to support understanding of neglect to be inclusive of these wider social factors and development of a measurement tool focussed on neglect as a social form of harm.

3.3 Social Harm

3.3.1 The Social Harm Framework

Fundamental to the social harm approach is that individuals are harmed through non-fulfilment of their needs. The approach analyses harm within the context of the wider social relationships and forces within which we are all embedded, and recognises how similar decisions or acts may be experienced by different social groups as more or less harmful. The role of resources, social capital, and social oppressions are all seen to influence how specific harms impact on people's life chances (Pemberton, 2016; Scott, 2017). As Pemberton argues "…a social harm

approach, predicated on notions of positive liberty, is able to capture harms that result when human flourishing is compromised by the denial of social resources necessary to enable the exercise of life choices" (Pemberton, 2016, p.3). The approach has links to Bourdieu's concept of social suffering, analysing how inequality leads to feelings of hurt and humiliation, and suffering is a social phenomenon (Frost & Hoggett, 2008).

The approach recognises that individually enacted harms perpetuated by those marginalised in society tend to dominate political and media narratives, when harms perpetuated by state agencies and the institutions of capitalist societies can cause multitude of harms more serious and significant in nature (Hillyard & Tombs, 2004; Pemberton, 2016). Widespread social harms are seen as integral to all forms of capitalist systems across time, systems that are conceived as inherently harmful (Garside, 2013; Pemberton, 2016). Primary harms are those deriving from state denial of human needs, while secondary harms result from these primary harms occurring (Pemberton, 2016).

The social harm approach looks beyond simply analysing harm to contributing to reform of our harmful societies (Pemberton, 2016; Scott, 2017). It looks to notions of structure and agency within society, and considers structurally derived harms as preventable and changeable through the alteration of social arrangements. The approach regards significance and severity of harm as important, looking to harms that substantively impact people's lives and life chances but that are preventable through human intervention. It aims to develop conceptual and methodological tools that can more precisely map the harms that occur within our societies (Gill, 2003;

Pemberton, 2016). Pemberton's (2016) social harm typology encompasses physical, autonomy, and relational harms.

Nation-states are often complicit in the generation of social harms through maintaining and reproducing inequality, but can pursue more progressive policies to promote equality and the meeting of human needs (Coleman & McCahill, 2009). This links with Gramscian ideas of an ethical state, where social harm is minimised and human flourishing is supported (Gill, 2003). Neoliberal regimes, of which the UK has features (e.g. authoritarian criminal justice systems), have consistently higher levels of social harms than other regimes, such as corporatist or social democratic (Pemberton, 2016). Neoliberalism has served to generate rampant inequalities. These inequalities generate contexts where social harms are unevenly distributed, and lead to direct harm production: physical harms such as obesity and illness, autonomy harms such as being denied positive social roles, and relational harms that eat away at collective social bonds, relationships, and support (O'Connor, 2010; Pemberton, 2016; Wilkinson & Pickett, 2009).

Liberal regimes, of which the UK has features (e.g. residual welfare systems), are characterised by low spending on welfare; leading to residual and stigmatised welfare systems, and heavily circumscribed entitlements for citizens (Pemberton, 2016; Scott, 2017). They have high levels of inequality that serve to exclude marginalised groups, and low levels of social cohesion. The patterns of harm production are less clear and more complicated than neoliberal regimes, but high levels of social harms, poverty and social fragmentation are key features (Pemberton, 2016).

Neoliberal and liberal regimes have dismantled harm reduction systems, whereas societies where welfare systems are more generous and social services more extensive tend to support people's opportunities and militate against a range of harms, neglect included. Trustful societies show higher levels of social solidarity and can thus militate against relational harms, which are significant for neglect. Fragmented societies, with low levels of trust and high levels of inequality, generate higher levels of social harms (Copson, 2017; Pemberton, 2016). These are important messages for social work, and allied professions, and how they understand neglect within our unequal society, as discussed in detail later in this chapter.

3.3.2 Other Theoretical Perspectives on Neglect

There have been a wide range of theoretical perspectives applied to child abuse and neglect, including attachment theory, psychodynamic theory, family dysfunction theory, feminist theory, and social cultural perspectives (Corby, Shemmings & Wilkins, 2012; Howe, 2005; Payne, 2005; Seden, 2006). There are theories that have been applied more specifically to neglect. These include the social information processing model proposed by Crittenden (1993), the empathy deficit model proposed by de Paul and Guibert (2008), and the parental environmental cluster model proposed by Burke et al. (1998). The most prominent theoretical framework applied to neglect in the UK has been an ecological approach. This underpins *The Framework for the Assessment of Children in Need and Their Families* (Department of Health (DoH), 2000), which still guides assessments in statutory children and families' social work in England and Wales. There are clear strengths to the application of ecological perspectives to child neglect, notably their recognition of the range and interplay of factors often present. Their use has been

advocated by a range of academics, including Aldgate (2006), Brandon et al. (2008), Corby, Shemmings and Wilkins (2012), Jack (2000), Seden (2006), and Stevenson (1998).

Ecological approaches are sociologically based, but have also been influenced by systems thinking and developmental psychology (Bentovim, Bingley Miller & Pizzey, 2009; Payne, 2005; Trevithick, 2005). They encourage consideration of the interactions between children's development, resiliencies, social processes, and wider environmental contexts (Doyle, 2006; Turney & Tanner, 2006). They propose analysis of both stressors and supportive resources, the fit between the child and their environment, and factors at micro, meso, and macro levels (Bentovim, Bingley Miller & Pizzey, 2009; Jack, 2001). They can be used as an overarching framework, within which other theories and approaches can sit (Seden, 2006).

However, there are a range of critiques of ecological approaches that are relevant to this thesis. Ecological approaches use technical language and allow practitioners to define goals, boundaries, and other people's involvement, placing practitioners as the experts (Garrett, 2003; Payne, 2002). This aligns more closely with an authority-based practice approach, where practitioners are the experts with power and control, as opposed to the evidence-based underpinnings of this research. Ecological approaches have been described as being too vague, impersonal, and over-inclusive, and unable to provide specific intervention guidance or explanations of how neglect occurs (Jack, 2001). This does not fit with an evidence-based approach focused on the detail, causality, and specifics of neglect, and on the promotion of clarity and analysis in practice.

It is argued, by scholars such as Garrett, that ecological approaches are uncritical of the socioeconomic landscape and dominant political, social, and economic discourses, preferring consensus to substantive change (Garrett, 2003; Jack, 2000). Moreover, it is argued that in reality, risk factors at the parenting level are typically the only ones contemplated, while inequalities at the societal level are missed (Blumenthal, 2021; Lafantaisie et al., 2020). Ecological approaches place greater emphasis on proximal factors than distal ones and answers to difficulties are seen to lie in the adaptation of individuals to their society and surroundings (Moran, 2009; Mulder et al., 2018). This means that the wider causes of the breakup of supportive social relationships can be left unanalysed and pathologising of families can follow (Garrett, 2003; Houston, 2002; Jack, 2000). Yet, as discussed in chapters 1 and 2, political, societal, and economic forces can play significant roles in child neglect, and child protection practice in particular already tends to pathologise parents. The GECAT is looking to avoid this trap. The consensus approach adopted by ecological approaches does not encourage challenging power imbalances, be these within societies or families (Garrett, 2003; Houston, 2002). On the other hand, this research has adopted a value-based approach where collaboration with experts by experience has been critical to analysing power and its influence in neglect cases.

A developmental psychopathology approach has also been used to understand child abuse and neglect. It emanates from the discipline of psychology, but looks to integrate knowledge from different academic disciplines and perspectives (Ciccheti & Toth, 1995; Manly, 2005; Manly et al., 2001). Like an ecological approach, it looks to analyse maltreatment through the interaction between the child, family, and environmental factors (Ciccheti & Rizley, 1981; Manly

et al., 2001). Although this perspective provides focus on the impacts of neglect and abuse on child development, it lacks a genuinely social and societal lens, rather focussing primarily on developmental and psychological or behavioural issues.

The theories of Crittenden (1993), de Paul and Guibert (2008), and Burke et al. (1998), which have been applied more specifically to neglect, all focus at the micro-level of the family home and are not genuinely inclusive of wider social neglect drivers (Blumenthal, 2021). Crittenden's social information processing model focusses on neglect occurring through breakdowns in parents' social information processing to meet their child's needs; and through not recognising the child's signal of need, not knowing how to respond to this, or not implementing an appropriate response to the child's signal. De Paul and Guibert's empathy deficit model is focussed on deficits in parental empathy (notably in mothers), neglect being seen to occur through the mother not experiencing an empathetic response to the child, experiencing the response but not acting on it, or feeling intense distress when her child signals need. Burke et al.'s parental environmental cluster model is focussed on parenting skills, the support they access and how they manage their resources. Neglect is seen to occur through parents not effectively using the factors in these three domains to meet the needs of their child. So, although resources are focussed upon, this is through a lens of parental choices and actions. All three models focus on parent-child interaction, without effectively focussing on the community and societal influences that can have significant impacts on this dyad (Blumenthal, 2021; Camilo, Garrido & Calheiros, 2020; Rodriguez, 2013).

None of these theoretical frameworks support an understanding of neglect that is fully inclusive of wider social forces and disadvantages, or of their influences on

families' functioning and life chances. This knowledge is vital to a holistic understanding of neglect and its social nature. The social harm approach supports such analysis through examining health, relational, and autonomy harms (Pemberton, 2016).

3.3.3 Health, Relational and Autonomy Harms

Physical health harms can be understood in relation to physical health; whether people's health allows them to live full and active lives or not (Doyal & Gough, 1991). Mental health harms encompass conditions ranging from severe psychotic illnesses to clinical depressions. The crucial aspects of these harms are the extent to which people's control over their lives and autonomy are impacted (Pemberton, 2016).

Autonomy harms focus on people's capacities to self-actualise and whether society allows people the autonomy and choices to achieve their aims and goals or circumscribes these capacities. Autonomy is dependent on the material and social resources necessary to act on life choices and engage with opportunities. People need basic practical and intellectual skills in order to flourish, but also a range of opportunities to engage with productive social activities. These social roles are critical to feelings of self-worth, and denial of such roles and opportunities impacts a person's self-concept and their perception of their status in society (Doyal & Gough, 1991; Pemberton, 2016).

Pemberton (2016) identifies a range of autonomy harms, including poverty, unemployment amongst young people, and long working hours. Disadvantages in life, such as poor health or experiencing neglect, can lead to autonomy harms through constraint of autonomy and inhibition of capacities for learning and growth.

Within social work care leavers can be understood to experience such autonomy harms through societal and organisational neglect of their needs compromising their life opportunities (Bengtsson, Sjoblom & Oberg, 2020; Butterworth et al., 2017). Secondary autonomy harms can also emanate from material and social deprivation undermining security and life chances, or indeed denial of agency through punitive social work and statutory responses (Featherstone et al., 2018; Pemberton, 2016; Scott, 2017).

Relational harms emanate from enforced social exclusion and/or social misrecognition, with both potentially leading to harms such as social isolation. Social exclusion can have a range of impacts on people's capacities to self-actualise and function fully within society. Social networks can offer a range of supports that enhance functioning, including childcare, household tasks, transport, finances, and companionship that, if withdrawn, can have a range of negative impacts. A lack of emotional and social connection can lead to mental health issues such as depression or social anxiety (Copson, 2017; Pemberton, 2016). As discussed below, such relational harms have clear links with neglect.

Social misrecognition can be linked to ideas from stigma theory, such as spoiled identity and processes of 'othering', and can have substantive impacts on people's functioning within society (Garside, 2013). "Harms of misrecognition result from the symbolic injuries that serve to misrepresent the identities of individuals belonging to specific social groups" (Pemberton, 2016, p.31). For those in poverty, social comparisons can engender feelings of inferiority and fear when wealth is equated with success and poverty with failure within society (Wilkinson, 1999). Socially disadvantaged and oppressed groups, such as those living in poverty or

from minority ethnic backgrounds, who more often come under the gaze of social work and statutory services, are potentially more likely to endure social misrecognition. Internalisation of social misrecognition can lead to shame, humiliation, and depressed self-concepts. Concealment of this shamed and stigmatised identity can ensue, leading to further social isolation through withdrawal from social life (Bywaters et al., 2016b; Copson, 2017; Pemberton, 2016). Shame can be a dominant emotion within social work and for those living in poverty (Gibson, 2019b; Hooper et al., 2007). A cycle can therefore be envisaged where social misrecognition, leading to shame and stigma, is amplified through social work and allied statutory interventions in cases of neglect.

Links can be established between relational harms and other key social harms. For instance, the term ‘social maltreatment’ is used to describe the ways in which people living in poverty can be negatively looked upon and treated by others, potentially amplified through disability, gender, sexual orientation, and ethnicity (ATD Fourth World & University of Oxford, 2019). These minority groups may also be more likely to live in poverty; for instance, belonging to a minority ethnic group is strongly associated with a higher chance of deprivation, unemployment, and poor housing (Bywaters et al., 2018; Jacobs, 2011; Western & Pettit, 2005). Some groups, such as gypsy, Roma and traveller communities are considered to endure state sanctioned poverty and social injustice (Allen & Adams, 2013). Thus, social harm intersects and is compounded.

3.3.4 The Generation of Inequalities and Denial of Human Needs

Poverty is an issue across the globe causing significant suffering. Pemberton (2016) identifies poverty as an autonomy harm and most likely the largest source of

social harm, causing myriad suffering, misery, and death. Within this thesis, poverty is understood as more than mere subsistence, and the extensive secondary harms through the socioemotional and health impacts of poverty are given credence (Flint, 2010; Townsend, 1993). There is burgeoning research into the multi-dimensional nature of poverty, which chimes with a social harm perspective (ATD Fourth World & University of Oxford, 2019; Walker, 2014). Within this more complex model of poverty, the three central dimensions - core experiences of disempowerment, relational dynamics of institutional and social maltreatment, and privations of insufficient and insecure income - dynamically interact and influence the experience of poverty (ATD Fourth World & University of Oxford, 2019). Based within this model, poverty feeds into other contributory factors to neglect, such as domestic abuse or problematic parental mental health (Bywaters et al., 2022). Some of the consequences of poverty, for example social isolation, powerlessness, and exclusion from services, make escaping poverty, and indeed neglect, more challenging (Auditor General for Wales, 2022).

Childhood poverty can structure lives in damaging ways, limiting life opportunities and conferring a variety of disadvantages (Joshi & Bogan, 2007; McCartan et al., 2018; Social Metrics Commission, 2018). In addition to being harmful in its own right, poverty can also lead to a range of secondary harms that cumulate across the life course (Pemberton, 2016). Being born into poverty can often lead to a subsequent lifetime of poverty (Social Mobility and Child Poverty Commission, 2013). Over 27% of all children in the UK live in poverty, equating to 3.9 million children. In lone parent families, 49% of children live in poverty, while 75% of

children in poverty in the UK live in a household where at least one adult works, referred to as in-work poverty (Child Poverty Action Group, 2021).

Wales has consistently had the highest levels of relative income poverty in the UK over the last 10 years, with 31% of children living in relative income poverty in 2019/20. A child living in Wales has a 13% chance of being in persistent poverty (Auditor General for Wales, 2022). Young children's cognitive and skills development are impacted by inequality and poverty in and out of the family home, with access to good quality early years provision distinctly lacking for those living in the most deprived areas (Cattan et al., 2022). Children living in poverty in the UK are on average 4.6 months behind in educational attainment in their early years, and on average 18.1 months behind by the time they do their GCSEs (similar to some of the impacts of neglect) (Fairness Foundation, 2022). Government policies aimed to reduce expenditure on working-age benefits can push families into poverty (Lee, 2020). It is estimated that, by 2024, over half of children in families with three or more children in the UK will be living in poverty, in part due to benefit caps (Sefton et al., 2019).

Family life in poverty can be an unrelenting toil to ensure basic needs are met, and an unrelenting struggle to have a stake in life opportunities many take for granted; at the same time, experiences of stigma, blame and alienation can be commonplace (Hooper et al., 2007; Kempson, 1996; Shildrick, 2018). However, living in poverty is an active and dynamic process, thus struggles to survive and resist poverty can be characterised by energy, courage, and people's strong desires to progress to brighter futures (ATD Fourth World and University of Oxford, 2019). Such strengths in the face of disadvantage and adversity, and difficult choices in

challenging circumstances, should be recognised in assessments if these are to be genuinely strengths-based. As discussed in depth below, there are strong links between neglect and poverty, but it is a social harm that is often not effectively captured in assessments despite these links.

3.4 Neglect, Social Harm, Social Work and Allied Professions

3.4.1 The Relevance of Social Harm to Neglect, Social Work and Allied Professions

Parenting within the contexts of poverty and disadvantage can be considered inherently challenging (Bradshaw, 2002; Lee, 2020).

> Firstly we need to view the raising of children in the contexts of poverty, deprivation and discrimination as a fundamentally difficult task, deserving of government action to improve the material and financial circumstances of all such families and the support available to them at a local level (Jack, 1997, p.674).

This statement, with its focus on the impacts of disadvantage on family life, captures why a social harm framework, focussed on such autonomy and relational harms, can be considered fundamental to understanding and responding to neglect, and addressing its structural and collective drivers. This is reinforced by the concern that discussions about child protection, certainly in the UK, are surprisingly disconnected from wider analysis and appreciation of what harms children within society, and the relationships between these harms and wider socioeconomic forces (Bywaters et al., 2022; Gupta, 2017; Parton, 2014a). A number of academics argue that social work has become depoliticised, failing to tackle inequality and unable to

effectively promote social justice in real world practice (Featherstone, 2023; Gupta, 2015; Maylea, 2021). Similar criticisms on the failure to tackle inequality can be levelled at health, education and early intervention services (Featherstone, Morris & White, 2014a; Hannon, 2003; Marmot, 2010).

The development of children and families social work and the conceptualisations of abuse and neglect have varied in different countries. The social construction of abuse and neglect emphasises how they are products of historical, social, legal, political and ideological forces (Hacking, 1999); contexts that are also highly influential on views on welfare provision and on how social work and allied professions assess and respond to neglect (Hetherington, 2006; Pemberton, 2016). France and Belgium, corporatist regimes with lower levels of social harms, have developed family service systems. These are more inclusive of the roles of wider disadvantages such as poverty and racism in neglect, and more focussed on social solidarity, shared responsibility, and providing support for families and communities (Hetherington, 2006; Parton, 2014a).

There are influential narratives in the development of children and families social work in the UK that still influence practice today and have led to systems focussed more on investigation and individualising blame than on socially aware, anti-oppressive and inclusive support (Featherstone et al., 2018; Hood et al., 2016; Rogowski, 2015). The UK has developed child protection systems where distrust of parents and pessimism tend to dominate, and the focus is on individualising causes of neglect (often to the family home) and authority-focussed practice (Featherstone et al. 2019; Parton, 2014b). This mirrors shifts in policy discourses from understanding the wider historical and social contexts of social problems to individualising these

problems, engendering harsh moral judgements, and looking for solutions in correcting people's behaviours (Featherstone, 2023).

Investigation and sanctioning, for example child removal, are key features (Parton, 2014a; Pemberton, 2016). The influence of neoliberal philosophy has led to a certain antipathy to the welfare state and public sector, including social work, within government, limited safety nets, eligibility testing for those seeking support, and greater fragmentation in society (Pemberton, 2016; Rogowski, 2015). Less and less social problems are sympathetically addressed by the welfare state (Sayers, 2017).

These are systems that maintain links with the narrative that the welfare state should not support the undeserving poor, and tend to position child abuse and neglect as problems of the poor (Flegel, 2009). The roles of morality and social control still tend to dominate, with a desire to control behaviour, reinforce social norms and assess 'good character' and 'good enough parenting', often through middle-class lenses (Parton, 2014a).

> There is a considerable literature on the social construction of child abuse and neglect which has highlighted how structural oppressions such as those emanating from classed, gendered and racialised inequalities get screened out in favour of a focus on individual causes rooted in individual deficits (Featherstone et al., 2019, p.128).

Modernisation programmes have led to social work and allied professional support becoming more restricted and conditional in the UK (Newman & Vidler, 2006; Rogowski, 2015; Roultsone & Morgan, 2009), reinforcing historical narratives that

support should be rationed to ensure dependence is not encouraged (Flegel, 2009; Parton, 2014a). The concept of dependency holds particular relevance for neglect cases where issues of self-sufficiency, independent family functioning, and the need for long-term support are notable (Glaser, 2011; Sullivan, 2000; Tanner & Turney, 2003). Perhaps most relevant for this thesis is the continuing focus on prevention of harm to children within the family home and a disaggregation of this from wider social conditions (Featherstone, 2023; Parton, 2014a). Child protection systems struggle to accommodate the social nature of neglect, when neglect is understood to be characterised by a breakdown in social support and social relationships around children and their families (Lacharite, 2014). Child neglect, like poverty, can be viewed as a collective societal issue, grounded in unequal societies failing to provide the foundations for families to live and thrive (Blumenthal, 2021; Feldman, 2019).

3.4.2 Social Work and Allied Professionals' Engagement With Social Harms

It is therefore not surprising that social work and allied professions in the UK currently have little understanding of the roles of social harms in neglect. A range of authors suggest that further research is required to explore the links between disadvantages and child abuse and neglect (Bywaters et al., 2022; Featherstone et al., 2018; Morris et al., 2018; Parton, 2014b). However, the UK government does not collect any data on the socioeconomic circumstances of children who are (or have been) subject to child protection plans or looked after (Bywaters et al., 2016b). There is no systematic knowledge base on the multiple disadvantages of parents (such as housing, employment, or health) who come into contact with children and families social work in the UK (Bywaters et al., 2018, 2022).

Prior to the recent work of Bywaters and collaborators there had been no comprehensive research into the links between socioeconomic status and incidences of child abuse and neglect in the UK in over 25 years (Bywaters et al., 2016b). Thus, links between deprivations and neglect have been missed. A number of authors argue that the prospects appear bleak for social work to challenge inequality and social injustices, while managerialism dictates practice and individual, not social, determinants for harms such as neglect dominate government thinking (Cummins, 2018; Ferguson, 2008; Garret, 2009; Gordon & Pantazis, 1997; Rogowski, 2015). Social work in the UK from the 1970s onwards has been steered by government funding and legislation, arguably losing its independence and zeal for social justice, anti-oppressive practice and universal human rights (Jones, 2014; Maylea, 2021). It is part of an increasingly oppressive state apparatus that negatively impacts the lives of many families, as are allied professions such as family support, health, education and the police (Pemberton, 2016; Wacquant, 2010).

These sociopolitical contexts constrain social work and allied professions' capacities for anti-oppressive and ethical practices, as opportunities for promoting social change and social justice are restricted. In particular, child protection practice can be rich for oppressive practices and the ostracising of those seen as different (Daly, 2016; Strier & Binyamin, 2010). This can lead to practice where dialogue with, and respect for, difference can be sparse (Daly, 2016).

Lorenc and Oliver propose within the public health field that "…given the evidence that inequality at a societal level is itself harmful across the population as a whole, it is clear that effects on equity are an important dimension of the potential harms of interventions" (Lorenc & Oliver, 2014, p.289). Similar reflection seems

necessary within social work and allied professions as to whether systems and interventions exacerbate or challenge existing inequalities and social harms, especially given the demographics of customary service user groups. Children and families social work can certainly interact with the realms of housing, benefits, and employment to exacerbate socioeconomic pressures for families (Bywaters et al., 2016b). “The policies and practices that have the stated intentions of protecting children and improving their lives sometimes exacerbate both poverty itself and the shame and stigma that accompanies it” (Bywaters et al., 2022, p.16). Thus, social work practices can harm, rather than help, those most disadvantaged and marginalised in society (Featherstone, 2023), as can other services such as early intervention and education (Featherstone, Morris & White, 2014a; Hannon, 2003). Organisational and institutional contexts for practice tend to see poverty and deprivation as emanating from families’ deficiencies and lack of ambition (Feldman, 2019).

Child protection social work has become distanced from other housing, financial, and legal support services in the UK since the 1980s, and welfare systems have become more complicated and punitive (Featherstone et al., 2019; Ferguson & Woodward, 2009). This despite, for example, four million homes (16% of occupied homes) not meeting even basic standards of safety and repair (Fairness Foundation, 2022). From 2015/16 to 2020/21, local authorities’ net spending in England reduced by over 40% (House of Commons Library, 2022). Between 2010/11 and 2019/20, government funding available to councils in England for children’s services fell by 24% (Williams & Franklin, 2021). As a potential harm reduction system, children and families social work has arguably been dismantled and continues to be so. The

proportion of spending by local authorities on preventative services fell from 41% in 2010/11 to 25% in 2017/18, while spending on statutory activities rose from 59% to 75% over this period (NAO, 2019).

Alongside these developments, child protection systems have become more authoritarian and risk-focussed (Bilson, 2021; Featherstone, Gupta & Mills, 2018). Between 2010 and 2018 there was an increase of 122% in Section 47 child protection investigations in England. In 2018/19 there were over 200,000 child protection investigations, equating to one starting every 2 minutes and 37 seconds (Bilson & Hunter Munro, 2019). In Scotland, child protection investigations increased by 33% between 2019 and 2021, but with no associated increases in the number of children being made subject of a child protection plan (Bilson, 2021). This has been termed social work's 'investigative turn', and portrays a system that tends to be dominated by surveillance and a child rescue model (Bilson & Hunter Munro, 2019). This is despite there being no firm evidence that child protection systems reduce harm to children in the UK, or indeed internationally, or that the rising rates of contact with families and investigations into harm are reducing child maltreatment (Bilson & Hunter Munro, 2019; Gilbert, Parton & Skivenes, 2011).

The adoption of a social harm framework can support understanding of neglect to move from a reductive vision of harm caused solely by personal parental failings or inadequacies to one attentive to a layered social reality characterised by complex sets of personal, relational, and social causal, contributing and protective factors (Fitzpatrick, Bramley & Johnsen, 2013; Lacharite, 2014). The mediating roles of social harms take their place in a chain of interacting factors that act as antecedents or manipulators for neglect. As Fitzpatrick has advocated, harms need

to be analysed and understood at a variety of interacting levels: economic, interpersonal, and individual (Fitzpatrick, 2005).

Parents within ‘neglectful families’ are often experiencing a variety of challenging inter-linked issues, meaning that an approach to neglect that is fully inclusive of socioeconomic stressors is arguably desirable (Bywaters et al., 2016b; Horwath, 2013). The focus can then be moved from parental blame and individual failings to fairer and more balanced assessments and interventions, and the reconnection of social work and allied professions with proactive and preventative practice (Ferguson, Ioakimidis & Lavalette, 2018; Rogowski, 2015).

The call for rebalancing is not a new one, with for example Dubowitz et al. (1993) in the USA proposing that neglect needed to be redefined to recognise its collective and shared drivers. Freedom, including the freedom to parent as best you can, depends on having resources and opportunities. Without these, parental and familial autonomy can be inaccessible. Social work is founded on values of social justice and equality, and to focus on neglect without being inclusive of structural forces and inegalitarian social relations is at best to seek only partial understanding (Elliot, 2020; Lavalette, 2011).

3.4.3 Poverty, Neglect, Social Work and Allied Professions

There is a strong link between socioeconomic status and the probability that a child will suffer neglect and/or abuse, evidenced repeatedly within developed countries (Bywaters et al., 2016b, 2022). The more severe the economic hardship, the greater both the likelihood and severity of the neglect and/or abuse (Bywaters et al., 2016b, 2022). Changes in the economic conditions of families impact on child maltreatment rates; increases in income reduce maltreatment rates significantly;

while economic shocks, without protection through welfare benefits, increase abuse and neglect (Bywaters et al., 2022). Therefore, poverty and disadvantage raise substantive and challenging questions as to what constitutes neglect and where responsibility lies. However, in the UK, poverty and structural disadvantages do not feature as core business in front line practice (Bywaters et al., 2016b; Parton, 2014a). This has been framed as poverty being "…the wallpaper of practice: too big to tackle and too familiar to notice" (Morris et al., 2018, p.18). As Feldman (2019) states "Poverty and social work are inextricably connected" (p.1706).

A range of academics argue that social workers should engage with poverty for a variety of reasons: that such engagement is consistent with the professional value base, and vital for promoting social justice and the wellbeing of families; and that poverty is a child protection matter that is worsened by the inequalities of child protection systems (BASW & CWIP, 2019; Gupta, 2015; Krumer-Nevo, 2009; Morris et al., 2018). The counter-narrative is that poverty, abuse and neglect should be disaggregated, a narrative encouraged by political messages that advocate there is no link between the two (Harvey, 2007; Featherstone et al., 2019).

Poverty and deprivation should be significant considerations for children's social work and allied professions when children living in the most deprived decile of areas in England are 13 times more likely to be subject to a child protection plan and 11 times more likely to be a Looked After Child than those living in the least deprived decile of areas (Bywaters et al., 2018). Following the death of Peter Connelly in 2007, there was a 42% increase in children from the most deprived neighbourhoods in Wales entering care, while rates in the least deprived neighbourhoods remained stable or fell (Elliot, 2020). Increases in child poverty driven by benefits cuts have

been associated with an additional 10,356 children becoming looked after (8.1% of the total) and 22,000 subject to a child protection plan in England between 2015 and 2020. Poorer areas were disproportionately affected, with a 1% increase in child poverty associated with 5 additional children becoming looked after (per 100,000 children) (Bennett et al., 2022).

The relationship between poverty and maltreatment is well established (Brandon et al., 2014a; Bywaters et al., 2022; Cleaver, Unell & Aldgate, 2011; Conrad-Hiebner & Byram, 2020; Dyson, 2008; Elliot, 2020; Hunter & Flores, 2021; Pelton, 2015; Slack, Berger & Noyes, 2017). A variety of studies from the US have identified associations between child abuse and neglect and a variety of socioeconomic disadvantages (Carter and Myers, 2007; Conrad-Hiebner & Bryam, 2020; Dettlaff et al., 2011; Dym Bartlett et al., 2014; Eckenrode et al., 2014). Poverty is often cited as a risk factor for neglect (Brown et al., 1998; Hussey, Chang & Kotch, 2006; Lee & Goerge, 1999; Mulder et al., 2018; Sedlak et al., 2010; Shanahan et al., 2017), but the relationships between the two are considered complex and nuanced (Berger et al., 2017; Bywaters et al., 2016b; Featherstone et al., 2018; Font & Maguire-Jack, 2020; Gupta, 2015). Low household and community incomes are associated with higher levels of neglect (Blumenthal, 2021; Sedlak et al., 2010). In the USA, for families living on less than $15,000, increased risk for neglect attributed to poverty ranged from 20 to 162 times (Sedlak, 1997); while a 1% increase in the unemployment rate in the USA led to a 20% increase in neglect (Brown & De Cao, 2017).

Poverty is affecting an increasing number of children and young people who professionals come into contact within the UK. Research commissioned by Buttle UK

found that 60% of frontline support workers (including social workers, teachers, and health visitors) were seeing families who cannot afford the basics of life (food, fuel, household items) more than once a week, while 54% of families being supported by these workers were living in destitution (Buttle UK, 2019). In 2019/20, 2.5% of all families in the UK used food banks (Bywaters et al., 2022). Difficulties for families have been exacerbated through social conditions precipitated by Covid-19 in the UK. During lockdown periods there was a sharp rise in referrals to children's social care, with the sharpest increases in referrals and children being taken into care in some of the most deprived local authorities (Pidd and Quach, 2021). In the 2022 BASW survey of social workers, 75.4% shared working with more people in poverty since the onset of the cost of living crisis (BASW, 2022).

Poverty and financial insecurity are autonomy harms that impact families and communities' social capital and capacities to live daily life and meet children's needs. They can generate powerlessness over decisions that significantly impact their lives and the resources to enact these decisions (Ferrie et al., 2003; Ferguson, Lavalette & Mooney, 2002; McNaughton, 2009). They can constrain the time and resources parents need to care for their children (Sattler, 2022).

Poverty and disadvantage raise substantive and challenging questions about how social work and allied professions should respond legally and ethically, including whether a parent experiencing significant poverty and/or disadvantages should be considered neglectful even if there are risks of harm to the child. For some parents, childcare is about minimising the biggest risks to their child(ren), within the context of elimination of significant risk not being achievable, leading to parenting dilemmas. For example, a choice between being unable to provide basics such as food or

leaving their child(ren) unsupervised while they work. Whether this is neglect or a case of trying to manage risk in extremely difficult circumstances is a challenging question (Slack et al., 2003). Some impacts of poverty, such as living in sub-standard housing, being unable to afford white goods and being unable to afford sufficient food, have direct association with physical neglect in particular (Auditor General for Wales, 2022). Having said this, even though poverty and neglect often coexist, neglect can have negative outcomes for children that are distinct from the impacts of poverty, with children in poverty experiencing neglect having worse outcomes across a variety of developmental domains than those simply living in poverty (Font & Maguire-Jack, 2020).

Within the USA, income increases as small as $100 per month have been associated with reduction in child maltreatment reports for families living in poverty (Cancian, Slack & Yang, 2013). Further, increases in tax credit payments to families have been found to reduce rates of reported neglect to children's services, linked to parents being able to afford more of the basics required for their children and reductions in levels of parental stress (Kovski et al., 2021). This raises significant questions about whether social work and family support services should pursue material solutions more regularly.

Studies into factors that separate those in poverty who have neglected their children from those who have not have been undertaken within a US, but not UK, context. The body of research has found that neglect levels were higher within the familial contexts of impoverished home environments, scarcer parental resources, and previous histories of maltreatment (Scannapieco & Connell-Carrick, 2003); that physical neglect rates were higher for children who live in lower quality

neighbourhoods and who live with four or more other children (Sedlak & Broadhurst, 1996); that within poverty differences in the occurrence of neglect can be attributed to caregiver and neighbourhood factors, such as mental health, substance misuse, and social isolation (Carter & Myers, 2007; Cash & Wilke, 2003; Ondersma, 2002; Shanahan et al., 2017).

Under the politics of austerity in the UK, the state and welfare service provision have contracted, dismantling the state's harm reduction capacity, and generating further poverty and other social harms (Pemberton, 2016). In times of cutbacks and service constraints, deflection strategies can be employed that enable social work organisations to employ higher thresholds and turn down referrals (Broadhurst et al., 2010; Featherstone et al., 2018), leading to families only receiving support when in deep crisis. A cyclical picture can therefore be understood, where more families move into poverty and consequently child protection systems, which, when leading to child removal, can lead to increased poverty and homelessness for parents (Morris et al., 2018; Pelton, 2015).

3.4.4 The Significance of Other Social Harms

A significant proportion of families involved with children's social work in the UK, and internationally, do not have access to the requisite economic, social, legal, and political rights to ensure their children's safety (Featherstone, Gupta & Mills, 2018). Health, relational, and autonomy harms can thus play significant roles. These include through educational disadvantages, health disadvantages, and social exclusion.

Relational harms can be considered important for neglect and professional involvement. In cases of neglect formal and informal social networks can struggle to

provide the timely support and guidance required, and children and their families can become deeply isolated from support (Lacharite, 2014; Tanner & Turney, 2003). Some social groups, such as lone parents, families with disabilities present and people on low incomes, are at increased vulnerability of social isolation (Pemberton, 2016). It is unfortunate that social work in the UK has moved away from its roots in community work, as supporting social connection through strong communities can be understood to ameliorate these drivers for social isolation, and in turn neglect (Parton, 2014a; Wenger et al., 1996). At the current time, “the very presence of a social worker is likely to be threatening for communities with historical trauma caused or abetted by social workers” (Maylea, 2021, p.779). Whereas services such as family support can be perceived as less threatening and more community-based, while offering the practical support families appreciate that can positively impact their lived experiences (Tunstill et al., 2005; Tunstill, Blewett & Meadows, 2008).

The continuing domination of white middle-class and anglophone values within social work and narratives of ‘good enough’ parenting significantly influence what is viewed as neglectful (Gilbert, Parton & Skivenes, 2011). African-Caribbean and single mother families, for example, are overrepresented within UK child protection systems (Munro, 2020). The large inequalities between ethnic groups in both rates of child protection plans and rates of children becoming looked after interact with levels of deprivation in complex ways that are not yet understood (Bywaters et al., 2018). In the USA, incidences for substantiated neglect are significantly higher for Black and Indigenous families than white families (Blumenthal, 2021; Wildeman et al., 2014). It can therefore be understood that this value base can discriminate against a range of families, be it those living in poverty, from ethnic minority communities, or of newer

family forms, such as single parent families (Munro, 2020). In these ways, multiple social harms can proceed and neglect, as a social construct, can potentially be perceived more easily.

It is important to recognise that “social status and social relations (at least in terms of ‘population-attributable risks’) are probably the two most powerful known influences on population health” (Wilkinson, 1999, p.528). Parental mental health issues can play their role in neglect. These can lead to parents losing control and autonomy in their lives, feeling unable to prioritise their child’s needs, and becoming deeply isolated from social support (Cleaver, Unell & Aldgate, 2011). Physical health issues can negatively impact family functioning, exacerbated through poor healthcare access and hazardous living environments (Pemberton, 2016; Trocme, 2003). Educational disadvantages can lead to constrained autonomy and capacity for learning, including key practical skills needed for caring for a child (Pemberton, 2016; Radford, 2011). All three show how social harms can interact and compound each other, impacting family functioning and the care children receive.

A lack of access to supportive services can further compound these issues. Such lack of access has increased under austerity in the UK; for example, over 500 Sure Start children’s centres have closed since 2010 (National Audit Office, 2019; Rogowski, 2015; Smith et al., 2018). These centres aimed to offer proactive and preventative multi-agency family support in partnership with families and within communities (Allnock, Akhurst & Tunstill, 2006). Non-statutory support provided by universal services or third sector organisations can be perceived as less threatening for families and such support can be key for meeting children’s needs (Buckley, Carr & Whelan, 2011; Cawson, 2002). For families already disadvantaged, who are then

subject to child protection involvement for neglect, this can feel like a punitive set of developments (Bilson & Hunter Munro, 2019; Ghaffar, Manby & Race, 2012; Morris et al., 2018), especially when considering that local authorities in England, for example, spend three times as much on child protection as on early intervention (Bilson & Hunter Munro, 2019).

3.4.5 Social Harm Through the State

The example of rising levels of homelessness in the UK for children and their families reveals the substantive harm that can be caused through governmental and societal neglect of children and their families, where the rights of children and their families are not prioritised. In 2020 there were officially over 125,000 children living in temporary accommodation in England, a rise of over 80% from 2010 (Bywaters et al., 2022). However, it is estimated that there could be between 550,000 and 600,000 children and young people in England who are homeless or at risk of homelessness (Children's Commissioner, 2019).

The system of child protection in the UK, as undervalued and underfunded as it is, can itself be neglectful, oppressive and harmful to children. People's ability to control their circumstances and participate in significant decisions affecting their lives are being constrained by the system, leading to social harm. It has been suggested by some academics that welfare states now look to discipline and punish those living in poverty who fail to live within imposed moral codes as to how they should live their lives, in effect policing the poor (Soss, Fording & Schram, 2011; Wacquant, 2010). For social work and allied professions, as part of these state apparatuses, this can lead to interventions laden with relational and autonomy harms (Featherstone, Gupta & Mills, 2018; Gupta, 2015; Gupta & Blumhardt, 2016). The questioning of parents'

rights to parent their children and informing them they have harmed their child are perhaps inherently threatening and shaming (Davies, 2011; Gibson, 2015), and shame is influential within child protection (Gibson, 2014, 2019b). Within the current child protection paradigm, social workers can be viewed as doing a good job while still shaming parents (Gibson, 2019b).

Families can experience social work and child protection interventions as harmful, punitive, judgemental and disempowering, leading to frustration and anger (Buckley, Carr & Whelan, 2011; Dale, 2004; Featherstone, Gupta & Mills, 2018; Ferguson and Woodward, 2009; Harris, 2012). Parents have generally reported low levels of satisfaction with statutory children and families services in the UK, with those from lower socioeconomic groups reporting the highest levels of dissatisfaction (Wilkins & Forrester, 2021). The impacts of child protection involvement can be far-reaching for parents and families, leading to job losses and poverty, social isolation, and both personal and professional relationship breakdowns (Featherstone, Gupta and Mills, 2018). This occurs within a wider social context where there can be psychological pressure to shame or 'other' those living in poverty, influenced by cultural norms that promote wealth as a sign of success and achievement (BASW & CWIP, 2019; Krumer-Nevo, 2009; Walker, 2014). Social work practice struggles to challenge such sociopolitical narratives which can stigmatise and oppress (Daly, 2016).

It is notable in terms of this thesis that in cases of neglect parents and carers can experience interventions from statutory services as particularly threatening (Daniel, Scott & Taylor, 2011; Horwath, 2007a). As suggested from within the public health field "…interventions may contribute to culturally entrenched stereotypes of,

for example, drug users or people from socio-economically deprived areas, hence contributing to the broader disadvantage which these groups may suffer" (Lorenc & Oliver, 2014, p.289). The disaggregation of parenting and disadvantage only worsens these issues, and families who are already labelled as architects of their own poverty, for example, can be further pathologised as 'bad people' for neglecting their children.

3.5 How Social Harm Has Informed This Thesis

This thesis looks for measurement of neglect to move from a reductive vision of harm caused solely through personal parental failings or inadequacies to one characterised by complex sets of social factors. A social harm perspective can support an understanding of how key dimensions of neglect are related within the contexts of wider society, government policies, and organisational practices. It can provide a robust lens for analysing the roles of these key contexts in the manifestation of neglect and family (dis)functioning.

Within this research these contexts are viewed as instrumental in the social mechanisms that constitute and influence neglect (Delanty, 1997). The framework of social harm has been applied in this research primarily through primary phases 2 and 3. In phase 2, participants in the focus groups and Delphi rounds were asked to consider the relevance of wider social factors such as poverty and social isolation, and how these could be included in the tool with the aim of orienting practice towards effectively assessing wider social forces and disadvantages in cases of neglect. In phase 3, the pilot study, the application of a social harm lens was trialled in practice with families.

The inclusion of structural factors when analysing child maltreatment was advocated originally by Gil (1970). A social structural perspective on child abuse and

neglect looks to poverty, inequality, and material deprivation as key causes (Corby, Shemmings & Wilkins, 2012). The role of the state in the abuse and neglect of children is critically analysed from this perspective (Parton, 2014a). The choice of social harm as a theoretical lens can build on these foundations. It has been applied mindful of how neglect is characterised by a complex interplay of children's vulnerabilities, and familial, community, and social factors (Lacharite, 2014).

The application of a social harm lens brings a new theoretical perspective into the debates on how we construct and understand child neglect, in the process adding to the knowledge base. This is within a context where social work has been slow to develop or advance theoretical frameworks for the challenges people face in the 21st century (Dominelli, 2010; Maylea, 2021). There has not been, to date, a published study that mobilises a social harm perspective to examine child neglect.

3.6 Summary of Chapter and Implications for This Thesis

This chapter has set out the fundamentals of a social harm approach and its analysis of harms within societies, such as the UK, that are characterised by inequality. It has discussed other theories for understanding neglect, notably ecological approaches, but argued that a social harm framework supports a fuller and more representative understanding of neglect as a social form of harm within the influential contexts of wider society, government policies, and organisational practices. It has argued that children and families social work and allied professions do not customarily engage with analysis of social harms and have limited understanding of the roles of social harms in neglect, despite their influence. This chapter has then set out social harm's relevance for assessment of neglect, and subsequently discussed how social harm has informed this thesis.

The ensuing methods chapters will discuss how an evidence-based paradigm has underpinned this thesis and the methodological choices emanating from this. They will set out the research design and its three primary phases: the systematic review, Delphi study, and pilot phase.

4 Research Philosophy and an Evidence-Based Approach

4.1 Chapter Introduction

This chapter is the first of three methods chapters. It supports the overall thesis through providing a clear and detailed explanation of the ontological, epistemological, and methodological choices made. This is important for coherence, given that the thesis is being presented as four separate academic papers. It offers an introduction to the methods employed and collaborative approach adopted, as the subsequent methods chapters will discuss these matters in greater depth.

This chapter presents the case for an evidence-based methodology for this topic and for the research's primary aim of development of a valid and reliable child neglect measurement tool for social workers and their multi-agency colleagues. The chapter discusses the evidence-based research paradigm underpinning this thesis in some depth and why this was the preferred choice: to ensure systematic and rigorous data collection and analysis, promote the relationship between research and practice, and add to the formal knowledge base on neglect. It ends with a concise summary.

The GECAT has been developed from the social work discipline for use by social workers and their multi-agency colleagues in the UK. Therefore, engagement with evidence-based practice will be primarily viewed through a UK social work lens. However, reference will be made to the engagement of allied professions and social work in other countries at appropriate junctures. It is important to recognise that there are variable levels of engagement with evidence-based practice in social work internationally, with, for example, a more established history of engagement in the USA than the UK (Thyer, 2008). The typically bureaucratic nature of children and

families social work, and its diverse service user populations present particular challenges for engagement with evidence-based practice (Akin et al., 2016).

4.2 Summary From Chapter 3

Chapter 3 introduced the framework of social harm and linked this to current narratives on neglect that tend to blame and pathologise families within deeply unequal societies. It linked this with increasingly authoritarian social work and child protection systems focussed on risk that struggle to accommodate the social nature of neglect, despite poverty and other social harms being understood as significant risk factors.

4.3 Ontological and Epistemological Considerations

Adoption of an underlying research philosophy or paradigm guides important actions and decisions researchers make (Grix, 2004; May, 2011; Risjord, 2014). Paradigms can be understood through aspects of ontology (the nature of reality), epistemology (what sort of knowledge is dependable), and methodology (how data are collected and interpreted) (Blaikie, 2007; Creswell, 2012). Logics of inquiry concern how researchers make sense of what is going on and look to answer their research questions, based on deductive, inductive, retroductive, or abductive reasoning (Ruane, 2005; Saunders, Lewis & Thornhill, 2016).

Ontologically, this study has recognised that neglect exists and has real world impacts for children and young people, adopting a realist stance (Risjord, 2014; Sayer, 2000). However, it has also recognised that neglect is a complex social phenomenon influenced by social and cultural contexts, with debates around what neglect is and its causes still ongoing (Horwath, 2013; Stevenson, 2007). Therefore, to a degree neglect is a set of ideas in people’s minds, so elements of idealism have

influenced this study (Bryman, 2014; Delanty, 1997). This study recognises that the ontology of child neglect should involve biology (physical manifestation), sociology (its place in society), and psychology (behaviours and psychological impacts) (May, 2011). It therefore rejects a reductionist stance and embraces a non-naturalist standpoint (Saunders, Lewis & Thornhill, 2016).

This study has incorporated the causal complexity of neglect, as shown in the causes, complicating factors, and strengths section of the tool itself; positing that neglect cannot be adequately understood by individualism or holism, but rather by a combination of the two (Gilbert, 2008). It has adopted a dispositionalist approach to causation within an evidence-based framework, examining tendencies towards neglect occurring or becoming more severe, rather than adopting a simple cause and effect model (Kerry et al., 2012). From this dispositionalist standpoint, it has recognised the interplay of different risk and protective factors for neglect, for example poverty and parental drug use, and how such risk factors can exacerbate each other to cause neglect (Dumsday, 2021).

Epistemologically, this study has tended towards empiricism, developing the tool through investigation. However, its development has also been through deep thinking and theory, thus including elements of rationalism (Delanty, 1997). This study has recognised that reality is both materially and socially constructed. It has leant towards positivism, with clear early decisions on what to investigate; precise and specific research questions; an agreed study protocol for each phase; a stepwise approach to undertaking the project; and use of primarily deductive reasoning (Gorard, 2013). It has aimed to turn key concepts of neglect, for example chronicity, into real-world measurable empirical phenomena.

This study has however looked to tendencies to causation rather than absolute causal laws for child neglect as highlighted above, and not seen neglect simply as an object to study. It has applied ideas from post-positivism, notably critical realism. Social work, allied professions and neglect are constructed within political, economic, and social contexts at the macro level, and through the views and actions of practitioners and families at the micro level (Ferguson & Woodward, 2009; Scott, 2002). Critical realism recognises reality as knowable but complex, stratified, and not simple to understand (Keating & Della Porta, 2010; Sayer, 2000). This study has therefore adopted the approach that we must interpret the facts presented as best as we can (Bhaskar, 2002). Within critical realism, contexts of knowledge are viewed as important (Bhaskar, 2002; Creswell & Creswell, 2018), and this has been true for this research project. The generative social mechanisms seen as significant in critical realism (Fletcher, 2017) have been analysed through the social harm perspective, which has supported critical understanding of dominant social and political contexts for neglect (Pemberton, 2016). The adoption of a social harm lens has added a dose of critical theory to the study (Morrow & Brown, 1994).

Epistemologically, this study does not take a simplistic categorical approach to the hierarchy of evidence, where evidence from higher up is always given more credence than that from lower down (Kerry et al., 2012). It instead respects that evidence at the apex will likely have greater reliability and generalisability, but that qualitative studies that are located lower down can shed light on how findings might work in cultural and social settings, or on how professional factors may impact an assessment for example (Berger, 2010). It has given credence to the rigour of

research studies, as emphasised by the Grades of Recommendation, Assessment, Development and Evaluation Working Group (Guyatt et al., 2011).

This study's logic of inquiry has been based primarily on deductive reasoning, using the social harm lens, current knowledge on neglect, and the project's theory of change to guide the research process and data gathering, and to deepen understanding of assessing neglect (Bryman, 2014). Key concepts have been translated into measurable entities in the tool itself. However, a degree of inductive reasoning has also been employed, with the tool being developed with the views of participants, and the research being open to concepts that have emerged from the data gathering processes (Blaikie & Priest, 2019).

Axiologically, this study has recognised social work as a value-based profession and social work research as something to improve people's lives and situations (Hardwick & Worsley, 2011). It has made value judgements about neglect as a social form of harm within our deeply unequal society. Such judgements will have been influenced by social norms around neglect within social work, the Delphi panel, and the advisory group (Silverman, 2017). The ethical choices this study made are discussed in detail in section 6.4 of this thesis.

By way of introduction, this study has made these ontological, epistemological, axiological, and methodological choices focussed on the problem in question, and based on the principal aim of developing a rigorous, accurate, and holistic tool (Morgan, 2007; Saunders, Lewis & Thornhill, 2016). The choices made have aligned with the idea that ontological, epistemological, axiological, and methodological choices are a matter of degree rather than dichotomous (Hammersley, 1992; Keating & Della Porta, 2010). Thus, through the mixed methods design described below, a

'moderate relativistic epistemology', and indeed ontology, valuing understanding and knowledge from a range of sources, has been applied (Fielding & Fielding, 2008, p.560). The design incorporated three primary phases, each of which is discussed in detail in chapter 5. The key choices made in this study are depicted in Figure 4.1.

Figure 4.1: Research choices (adapted from Saunders, Lewis and Thornhill, 2016)

Social work is concerned with narratives and constructing the meaning of social interactions and processes (Corby, 2006). It emphasises relationship-based knowledge, where the contexts in which knowledge is constructed, the role of power in knowledge creation, and the development of knowledge with service users are valued (Saar-Hemain & Krumer-Nevo, 2019). Qualitative and interpretivist research can be viewed as aligning neatly to these aims, representing the dominant social work research paradigms in the UK (Alston & Bowles, 2020; Gray, Plath & Webb, 2009; Scott, 2002). The adoption of a primarily empirical evidence-based approach arguably goes against these dominant paradigms (Alston & Bowles, 2020; Campbell, Taylor & McGlade, 2017; Smith, 2009). This may present complications for how this research and the GECAT are accepted in both academia and practice. In practice these issues may be mitigated to a degree by the GECAT being used in multi-agency

settings, where allied professions such as health and education have more established engagement with evidence-based practice, though uptake in these professions remains inconsistent (Boswell & Cannon, 2022; Cain, 2015).

4.4 Methodological and Design Considerations

Research methodology can be understood in its simplest form as how data are found and interpreted (Blaikie, 2007). It is vital for research to have clarity and transparency about methodological and design choices, in order to enable readers to understand how a study has been conducted, compare it to other studies, or replicate the study (Attride-Sterling, 2001; May, 2011).

Social research designs are broadly organised into qualitative, mixed methods, or quantitative (Creswell & Creswell, 2018). Such designs should act as a clear plan for generating reliable data to answer the research question(s); integrating philosophy, purpose, logic of enquiry, ethics, and methods into a research whole (Blaikie & Priest, 2019; Perron & Gillespie, 2015). Whatever the research design chosen, good quality research projects involve a clear focus, cogent design, rigorous methods, ethical practices, and well-planned dissemination (Creswell, 2012; Gorard, 2013; May, 2011). Methodological and data collection choices are critical to how research is approached, questions are posed, and to the direction a research project takes (Bryman, 2014; Creswell, 2012; Gomm, 2004). Clear and well-judged methodological choices promote successful travel to the key aims of research projects and useful outcomes and products for key stakeholders (Starks & Brown Trinidad, 2007). Different research questions evoke different methodological choices (Petticrew & Roberts, 2003).

As described below, this study uses an evidence-based philosophy, based on the issue under investigation (neglect) and the primary research output (a neglect measurement tool) (Bryman, 2014). A rigorous empirical and evidence-based approach has been preferable to develop an effective, robust, and high-quality child neglect measurement tool for social workers and their multi-agency colleagues, in light of a range of challenges: longstanding issues of assessing neglect in social work and allied professions (Bailhache et al., 2013; Daniel, Taylor & Scott, 2010; Dubowitz et al., 1998; Horwath, 2007a; Solem, Diaz & Hill, 2020; Stevenson, 1998), the lack of rigour in the current research base (Horwath, 2013; Morrongiello & Cox, 2020; Mulder et al., 2018; Proctor & Dubowitz, 2014), and ongoing problems in development and validation of measures in social work (Guo, Perron & Gillespie, 2008; Perron & Gillespie, 2015).

As described in detail in chapter 5, the methods employed emanated from this evidence-based stance and were focussed on the problem in question, embracing systematic data collection, analysis, and dissemination in three primary phases (Gorard, 2013). Each primary phase is described in depth in chapter 5, but to introduce, phase 1 was a systematic literature review into national and international measures of neglect. Phase 2 used a Delphi study, which extended the findings from phase 1 through gathering the opinions of a range of experts to develop the draft neglect measurement tool. Phase 3 piloted the draft tool in practice with practice partners Neath Port Talbot Council and their partner agencies, testing how it worked with live cases. A survey of social workers views on assessing child neglect in England and Wales sat as an extension to phases 1 and 2. The methods embraced the voices of those in practice and those receiving services, while looking for practice

to be informed by research and the research to be informed by practice (Graaf & Ratliff, 2018; Sweeney et al., 2012; Wakefield et al., 2022). Thus, the approach could be described as evidence-informed, but for the purposes of this thesis the term evidence-based will be used. The timeline for the research project is depicted in Figure 4.2 below.

As discussed in chapters 5 and 6, all phases were conducted with practice partners and other key stakeholders: practitioners, academics, and experts by experience. Experts by experience are understood to be users of professional services, including social care (Scourfield, 2010). For this research parents with experience of professional intervention for (suspected) neglect. Thus, knowledge generation in this research project has been a cumulative and collaborative activity, enabling inclusion of a diverse range of views about understanding the measurement of neglect, as well as the development of a tool both family-centred and practice relevant (Brookes et al., 2016; Chalmers, 2003).

Figure 4.2: Timeline of the three primary research phases

4.5 An Evidence-Based Approach

Evidence-based practice started in the medical field, but has expanded to areas such as social work, psychology, public health, and education (Brownson et

al., 2011; Edmond et al., 2006; Hammersley, 2005; Thomas & Pring, 2004). It entered as a paradigm in social work in the 1990s in the UK and USA (Okpych & Yu, 2014; Rosen, 2003). It has been applied at various levels of social work, including direct practice, organisational systems, and public policy (Drisko & Grady, 2019; Lee & Austin, 2012). There are both top-down (advocacy of the use of empirically supported interventions) and bottom-up (practitioners to adhere to the five-step process to use summaries of empirical research to guide specific practice) approaches to evidence-based practice (Okpych & Yu, 2014). There is therefore not one unified model of evidence-based practice and this has necessitated further methodological choices. This research project has aligned more closely with a top-down approach, but also looked to promote the integration of evidence with professional expertise and service users' views to inform assessments and decisions in practice (Kulier, Gee & Khan, 2008).

Evidence-based practice aims for a closer relationship between research and practice in order to minimise harm, maximise practice effectiveness, and promote informed decision-making based on rigorous evidence (Gambrill, 1999; Howard et al., 2009; Macdonald, 1998). A guiding principle of evidence-based approaches is to first do no harm, recognising that professionals can do more harm than good when they intervene (Gambrill, 2011; Gray, Plath & Webb, 2009). The use of best available evidence is a key tenet, with a hierarchy of evidence ranking study types based on the rigour of the research methods, on the risk of bias, and on internal validity (Berger, 2010; Drisko & Grady, 2019; Sheldon, 2001). As discussed above, this hierarchy should be applied in a thinking manner not blindly. Although evidence at the apex of the hierarchy will likely have less risk of bias and greater reliability, it may

lack the detail and depth of evidence further down the hierarchy (Berger, 2010; Pettricrew & Roberts, 2003; Shaw, 2023).

A range of scholars advocate that social work and allied professional practice should be informed by rigorous research and the best available evidence on what works and the consequences of interventions; as without better knowledge, interventions that practitioners think are improving the situation could actually be causing further damage (Berger, 2010; Boswell & Cannon, 2022; Chalmers, 2003; Edmond et al., 2006; Gambrill, 2010; Howard et al., 2009; Mitchell & Sutherland, 2020; Parrish & Rubin, 2011; Sheldon, 2001). Further, they advocate that evidence-based practice can empower practitioners' and support their capacity to affect change; support their organisations through shared learning; and support service users to have a voice and receive improved support (Chalmers, 2003; Gambrill, 2010; Shaw, 2023; Shaw, Lunt & Mitchell, 2014; Sheldon, 2001).

The proponents of evidence-based practice argue that it supports effective management of the uncertainties of practice with humility and recognition of both knowledge and ignorance (Chalmers, 2004; Gambrill, 2011). Further, they maintain that it supports practitioners to critically engage with evidence and to be involved actively with research (Wakefield et al., 2022). The development of tools for practice is a cornerstone of evidence-based practice, to support practitioners to make informed decisions in the real world (Gambrill, 2011; Macdonald, 2001). In line with this stance, the development of a practice-relevant child neglect measurement tool has been the principal aim of this research, to support practitioners to effectively deal with the inherent uncertainty and opaqueness of neglect in informed and balanced ways (Gambrill, 2011).

Social work academics and practitioners in the UK have in the main been reluctant and slow to adopt evidence-based practice (Gambrill, 2011; Macdonald, 1998; Shaw, 2023). This has not been the case in the USA, for example, where there have been long established evidence-based initiatives in policy and practice, though uptake in children and families practice remains variable (Aarons & Palinkas, 2007, Johnson & Austin, 2008). Evidence-based approaches have been promoted in policy and practice in the UK for a variety of reasons. The advent of developments in information technology, desires for increased productivity, and development of the research community's capacity have supported their advancement (Hardwick & Worsley, 2011; Kagan, 2022). A key principle of *the Framework for the Assessment of Children in Need and their Families*, which still guides assessments in children and families social work in England and Wales, is that assessments should be established on evidence-based knowledge (Department of Health, 2000). The framework itself is derived from evidence-based models of children's development and family functioning (Ward, Brown & Hyde-Dryden, 2014).

Further influential bodies and processes for children and families social work in the UK advocate for better development and use of evidence. Serious case reviews have consistently recommended that practice and assessments need to be based on principles of knowledge, thoroughness, and clarity (Sidebotham et al., 2016). The What Works Centre for Children's Social Care, established in 2019, adopts an evidence-based, or in their words evidence-informed, approach to improving outcomes for children and their families (What Works Centre for Children's Social Care, 2021). They form part of a wider government-supported network of such centres focussed on different spheres of public policy, the What Works Network,

which promotes decision-making based on the best available evidence (Cabinet Office, 2019). Although it is important to recognise that the What Works agenda has its critiques (Tunstill, 2019). Evidence-based practice has long been advocated for in both health and education (Boswell & Cannon, 2022; Mitchell & Sutherland, 2020).

4.5.1 Why an Evidence-Based Approach?

The evidence-base for children and families social work practice is considered weak and lacking rigour (Gambrill, 1999; Gambrill, 2006; Kessler, Gira & Poertner, 2005; Macdonald, 1998; Macdonald, 2001; Macdonald et al., 2017; Sheldon, 2001; Thyer, Babcock & Tutweiler, 2017), while child welfare academics have long advocated for more research and evidence-based approaches to neglect (Brandon et al., 2013; Dubowitz, 2007; Moran, 2009; Semanchin-Jones & Logan-Greene, 2016; Stevenson, 2007; Wolock & Horowitz, 1984). Scholars such as Macdonald have argued that much research into child abuse can be considered pseudo-scientific, lacking rigour, reliability and validity, positioned lowdown in the hierarchy of evidence, and enabling consumers of the research to find what they wish to or believe to inform policy and practice (Macdonald, 1998). This all raises questions about the standard, quality, and extent of the formal knowledge base to inform practice.

It is argued by a range of academics that to subject children and families to assessments and interventions based on questionable or less than the best available evidence is unethical (Campbell, Taylor & McGlade, 2017; Gambrill, 2006; Newman et al., 2005; Rosen, 2003). Unfortunately, in social work “Most services are of unknown effectiveness” (Gambrill, 2011, p.30). This evidence should of course include service users’ narratives and local knowledge, but also robustly developed and tested tools and models for assessment and intervention (Edmond et al., 2006;

Macdonald, 2001; Macdonald et al., 2017). The critiques of evidence-based practice will be outlined later in this chapter in section 4.5.2.

A range of scholars in the UK and USA have suggested that children and families social work practitioners do not regularly base their decisions and actions within rigorous research findings or a formal knowledge base (Chalmers, 2003; Crisp et al., 2007; Gambrill, 2006; Macdonald, 2001; Munro, 2020; Pignotti & Thyer, 2009; Wennberg, 2002). When practice intuitions or practice wisdom guide assessments and decision-making, without such assumptions being critically dissected by the use of valid and reliable evidence, problems can ensue for children and families (Newman et al., 2005; Sheldon & Chilvers, 2000). For example, neglect being blamed on parents when it has organisational or societal origins. There are numerous theories and personal views of why children are neglected (some with no empirical evidence base), with no agreed principles as to how to choose between them (Macdonald, 1998).

The perhaps deeper ethical concern is that “It is only when the poor and disadvantaged are the recipients of services (or have them thrust upon them) that we allow ourselves to get so methodologically relaxed” (Sheldon, 2001, p.807). As discussed in chapter 1 of this thesis, there have been significant increases in the percentage of child protection plans being recorded as neglect in England in the past twenty years, with some authors linking such increases to more authoritarian professional responses (Bilson & Hunter Munro, 2019; Featherstone et al., 2018; Featherstone, Gupta & Mills, 2018; Lacharite, 2014). Evidence-based practice encourages critical questioning of what is presented as reality (Gambrill, 2010). This is especially pertinent given that children’s services involvement is not primarily

based on empirical findings of what harms children, rather on social and community constructions of what is abusive or neglectful (Dubowitz, 2005a). Further, assessments and decision-making are guided by dominant social norms and societal expectations of acceptable behaviours (Orme, 2006). Evidence-based practice argues for policy as well as practice to be informed by the best available evidence, encouraging change at both levels for better outcomes for children and their families (Berger, 2010; Macdonald, 1998).

Social work and allied professional assessment decisions have significant and long-lasting impacts on people's lives. Accordingly, professional codes of ethics, such as that of BASW (2021), and definitions of social work, such as that of IFSW (2014), require social workers to keep their knowledge up to date and draw on knowledge to help those they work with. The judgement in *Bolitho v City and Hackney Health Authority* [1998] stated that where professionals are being sued for negligence, a rationale based on evidence from research or theory must be provided to support a defence that the practice or decision is professionally acceptable. A number of serious case reviews have recommended the need for knowledge and training in practice as an organisational responsibility (Sidebotham et al., 2016). So, social workers, allied professionals and their organisations have legal and ethical responsibilities to found practice on robust evidence and knowledge.

The concept of iatrogenesis (causation of a disease, harmful complication, or ill effect by medical action or activity) from the medical field should arguably be critically applied to social work, with an acceptance that our assessments and interventions can and do have iatrogenic effects and harm those we are tasked with supporting (Featherstone et al., 2018; Fischer, 1973, 1978; Munro, 2020; Pignotti &

Thyer, 2009). This has been evidenced for example in various serious case reviews where children have died or been seriously harmed or killed (Brandon et al., 2013; Sidebotham et al., 2016). Ill-informed decision-making has also led to larger scale and highly publicised scandals in the UK such as those of the Cleveland Inquiry, where a wave of cases of diagnosed sexual abuse were subsequently discredited (Butler-Sloss, 1988).

Evidence-based practice should be an ethical endeavour (Sheldon & Chilvers, 2000), working with, not on, families to understand neglect and other problems within their complicated social and cultural contexts. It can promote not just use of the best available evidence to inform practice and interventions, but also anti-oppressive principles (Thyer & Pignotti, 2015). As it stands, few families feel they are involved as informed participants within child protection processes, or made aware of the known effectiveness or otherwise of assessments and interventions they are often mandated to engage with (Alfandari, 2017; Dale, 2004; Dumbrill, 2006; Macdonald, 1998; Serbati, 2017). Levels of satisfaction for parents involved with statutory children and families services in the UK are low (Wilkins & Forrester, 2021). When there are disagreements between parent and professional, parents can be labelled uncooperative (Alfandari, 2017). This mandated element challenges social work's value base and provides a context where practicing in ill-informed ways is deeply problematic and potentially oppressive (Gambrill, 2010; Pelton, 2009). Further, to base practice on the knowledge of professional 'experts', when the knowledge base used and applied in practice is often subjective, variable, and limited, is of significant concern.

The particular concern with neglect is that its complexity and opaqueness leave the door wide open for misunderstanding and false judgements. There can be misunderstanding in practice between when neglect has simply been described or superficially understood and when a fuller understanding of its drivers and causes has been achieved (Gambrill, 2010). As discussed in Article 1 - *A Systematic Review of Measures of Child Neglect* - research highlights the inaccuracy and inconsistency of decision-making in child protection and child welfare, and practitioners' struggles to analyse the complex information often present in neglect cases (Barlow, Fisher & Jones, 2010; Dorsey et al., 2008; Macdonald et al., 2017).

4.5.2 Critiques of Evidence-Based Approaches

There are a variety of criticisms of evidence-based approaches from both within social work and beyond it, in the UK and indeed beyond. As discussed, evidence-based practice has had a mixed reception in children and families social work, related to a range of issues that include resource constraints, lack of training, staff shortages, accountability mechanisms, and ideological stances of practice communities (Aarons & Palinkas, 2007; Thyer & Khazi, 2004). Although engagement with evidence-based practice is more established in the USA than the UK, engagement within child welfare remains variable (Akin et al., 2016). Further, although similar issues have been evident within health and education, engagement with evidence-based practice is more established in both disciplines (Boswell & Cannon, 2022; Mitchell & Sutherland, 2020). It is significant that a number of these criticisms date to 20 years ago or even before, but that certainly within the UK social work context such criticisms persist. The criticisms can be grouped under four main interlinked themes:

1. That EBP is overly focussed on efficiency and related to a modernising agenda.
2. That EBP's technical rational approach is too simplistic to understand complex social phenomena.
3. That EBP's behavioural, medical, and empirical roots do not fit well with social work.
4. That EBPs claims are unfounded.

EBP is overly focussed on efficiency and related to a modernising agenda

Theme 1 is founded on the idea that evidence-based knowledge is linked to the modernising agenda in social work (and indeed allied professions such as nursing), managerialism (and related performance management), and a devotion to 'what works' (Brown et al., 2009; Davies & Nutley, 2002; Hardwick & Worsley, 2011; Harrison, 1998). It has been criticised for focussing on development of a more economically efficient social work, driven by technical rationality (Webb, 2001). As discussed in chapter 1, these agendas are seen to promote punitive, risk-focussed, and dehumanising services that do not consider the longer-term impacts of interventions on children and families or their full array of needs (Horwath, 2013; Rogowski, 2012). Further, they are seen as a style of practice and practitioner focussed on procedure and compliance as opposed to critical reflection, sound professional judgement, and effective assessment and support of the needs of children and their families (Munro, 2011; Rogowski, 2015; Stone, 2016).

EBP's technical rational approach is too simplistic to understand complex social phenomena

Theme 2 incorporates a variety of arguments. Evidence-based practice has been criticised for simple linear thinking that does not embrace the complexities of humans and complex social phenomena, as well as ignoring the relevance of local

ground level information and whether what works in one context will work in another (Hammersley, 2005). The approach of technical rationality promoting only selected avenues for decisions and actions, and misguided ideas that we can understand and predict complex human behaviours through just applying rational scientific evidence, limiting improvisations and eroding professional autonomy (Wastell & White, 2012; Webb, 2001).

Some writers have proposed that evidence-based practice's objective epistemic processes of optimally sorting information do not work in the murky worlds of practice, where practitioners' decision-making is influenced by emotions, context, and culture (Newman et al., 2005; Sheldon, 2001; Webb, 2001). From this perspective, evidence-based practice is thought by some to be an unachievable goal (Gambrill, 1999; Webb, 2001). Such a restrictive approach would be of concern in the vague and complex world of neglect. Wastell and White (2012) argue that a range of government reports in the UK, notably those of Allen (2011a, 2011b), into the impacts of neglect on brain development have been based on partial or erroneous takes on neuroscience to justify evidence-based and intrusive targeted early intervention in families' lives and more punitive responses to neglect (Furedi, 2001; Greenhalgh & Russell, 2006).

EBP's behavioural, medical, and empirical roots do not fit well with social work

Theme 3 emanates from refutation of evidence-based practice's supposed positivist, behaviourist, and outdated 'science' based foundations worth and applicability to social work, notably in the UK. This is framed as evidence-based practice being focussed on objective truths and disregarding that knowledge is socially constructed and situated (Hammersley, 2005; Loughlin, 2003; Sheldon,

2001; Webb, 2001). Some scholars have suggested that evidence-based practice's foundations and principles do not fit with the customary knowledge and value bases of social work, with this being linked to its development from the medical world (Griffiths, 1999; Okpych & Yu, 2014; Webb, 2001). This reluctance to learn from the medical field within social work has laudable value-based roots in its aims of de-medicalising and re-socialising discourses on mental health and disabilities for example (Beresford, Adshead & Croft, 2006; Macdonald, 1998), but social work arguably needs to adopt a more nuanced approach to medically generated knowledge.

It has been suggested that evidence-based practice devalues the ethical and political contexts of social work and sees social work through a value-free lens (Hardwick & Worsley, 2011; Webb, 2001). It has also been suggested that its focus on rigorous research-derived knowledge ignores or silences the important voices and knowledge of service users and carers (Beresford, 2007; Newman et al., 2005; Rosen, 2003); that its conceptions of practice as biased and based on faulty practice wisdom are simply describing bad practice (Hammersley, 2005); and finally, that it does not sufficiently recognise the importance of social worker-service user relationships, which have been found to impact intervention outcomes (Horvath, 2006; Martin, Garske & Davis, 2000).

EBP's claims are unfounded

Theme 4 incorporates critiques of the knowledge base and supposed certainty about this; that rigorous research into human behaviours and social problems may well not have the validity often claimed, given the complex natures of the subjects of inquiry (Okpych & Yu, 2014). Further, that there are significant gaps in the empirical

knowledge base for social work (and indeed allied professions such as family support), and concerns about the relevance of some empirical research to real-world practice settings (Allnock, Akhurst & Tunstill, 2006; Berger, 2010; Pelton, 2009). Despite this, that smaller scale qualitative approaches that fit well with social work practice, and its focus on discourse and interaction, are ignored (Webb, 2001), with the notion of transparency meaning only systematic reviews or randomised trials are recognised (Hammersley, 2005). It is questioned whether evidence-based approaches and rigorous research can assess whether professionals are doing more harm than good, or prevent more harm than good occurring (Hammersley, 2005; Sheldon & Chilvers, 2000).

In light of these criticisms of the evidence-base, it can be suggested that social work, and allied professions, should use empirical evidence critically, and technical rationality as one option for decision-making amongst many (Hammersley, 2005; Newman et al., 2005; Webb, 2001), but that evidence-based thinking does not recognise such a nuanced approach (Pelton, 2009; Wastell & White, 2012).

4.5.3 Responses to These Critiques

It is notable that, as discussed above, a number of these criticisms were levelled at evidence-based practice some twenty years ago, but that these debates and disagreements still continue. Proponents of evidence-based social work, such as Gambrill, Macdonald and Sheldon, argue that these criticisms are founded on inaccurate stereotypes of evidence-based practice. Gambrill (2010) goes as far as arguing that some key criticisms are nothing more than propaganda. From an evidence-based perspective, science can be conceived as systematic enquiry, capable of analysing complex social phenomena and human behaviours, rather than

too simple and rational to understand such complex social phenomena (Sheldon, 2001). Evidence-based practice is therefore not claiming certainty of some objective knowledge, rather it is attempting to support practice to be better informed (Gambrill, 1999).

Advocates for evidence-based practice argue that we should take account of the complexity of practice and individual choice, but not give in to distorted, ill-informed, heuristic, and habitual decision-making processes, when the stakes are often so high for service users as well as for social workers and allied professionals themselves (Macdonald, 1998; Munro, 2020; Shaw, 2023; Sheldon, 2001; Sutherland, 1992). The idea of heuristics guiding decision-making, with associated errors of judgment, biases, habitual ways of making decisions, and ignoring of empirical evidence, seems problematic. It appears to accept that decision-making in practice can and will be biased, ill-informed, and unsupported by evidence. As Webb contends, “Thus it is the social workers conception of how things are, rather than evidential facts per se which determines actions” (Webb, 2001, p.66). This despite the fact that it is suggested that interpretation of evidence is inherently guided in part by self-interest (Berger, 2010; Douglas, 1992; Drisko & Grady, 2019; Thyer, 2008).

This way of analysing and making decisions arguably cannot be fair on families involved with our systems, when decisions made have profound impacts, for example through initiation of a child protection plan or removal of their child (Gray, Plath & Webb, 2009; Macdonald, 1990). It is also arguably not fair on practitioners, when mistakes or unintended consequences can lead to local and national vilification (Gibson, 2015; Hood, 2019). The research portrays that parents can find interventions by social workers and allied professionals unfair and harmful to their

families, social workers arrogant or unhelpful, and it is in cases of neglect where there is most disagreement between professionals and families about what the areas of concern are (Buckley, Carr & Whelan, 2011; Bywaters et al., 2022; O'Brien, 2004; Wilkins & Forrester, 2021).

The motivation to avoid causing harm through intervention is central to evidence-based practice (Gambrill, 2011). As discussed in section 2.3.5, Sir James Munby has stated that the family court system in England and Wales, including social work, is making critical decisions on the care arrangements of children without the required comprehensive evidence base. The development and use of rigorous evidence to inform such momentous decisions seems imperative as without such knowledge underpinning and questioning practice, professionals and systems may do more harm than good (Berger, 2010; Macdonald, 1998). There are unfortunately many examples of ill-informed decision-making leading to harm in serious case reviews (Sidebotham et al., 2016).

Scholars form the social work field such as Chilvers, Gambrill, Loughlin, Sheldon, and Thyer argue that evidence-based practice is a more ethical endeavour than traditional authority-based practice (which remains the dominant practice paradigm in UK social work), where tradition, anecdotal evidence, conceptual appeal, and practice wisdom tend to dominate decision-making (Gambrill, 2010; Loughlin, 2003; Okpych & Yu, 2014; Sheldon & Chilvers, 2000; Thyer, 2008). They maintain that the dominant narrative of social work places the social worker as the expert with power and control, while devaluing the knowledge and views of service users (Reisch, 2013). It is suggested that evidence-based practice supports discretion in decision-making that does not give privilege to the professional, rather to knowledge

and up-to-date information supporting critical thinking and analysis (Chalmers, 2003; Gambrill, 2011; Macdonald, 2001; Shaw, 2023; Sheldon, 2001; Thyer, 2008).

It is important to remember that evidence-based practice should be a joint endeavour with service users that focusses on integrating multiple sources of information to support informed decision-making and to offer an honest and transparent approach (Gambrill, 2011; Howard et al., 2009). These can be combined for a detailed picture and complement each other: “Being interested in ‘whether’ something has an intended effect does not negate the importance of understanding ‘why’ or ‘how’?...” (Macdonald, 1998, p.72). Although randomised trials and systematic reviews are valued for their methodological rigour, and methods based on controls and generalisability are preferred, smaller-scale qualitative research methods are not disregarded; rather, they are critically consumed, while being alert to their limitations and potential to make unwarranted research claims (Gorard, 2013; Sheldon, 2001).

The critiques and responses from above would suggest that there remains significant disagreement about the balance between using practice wisdom and valid empirical knowledge to guide practice in the UK, despite over 20 years of dialogue and dispute. This balance may vary in different practice instances, but it can be confidently argued that there needs to be a rebalancing towards critical use of valid and relevant empirical knowledge when assessing neglect. Social work’s engagement with evidence-based practice remains limited and strained in the UK in particular (Bamford, 2015; Kagan, 2022; Wakefield et al., 2022), and issues of engagement persist in allied disciplines such as health and education (Boswell & Cannon, 2022; Cain, 2015). Research by Wakefield et al. (2022) on social work and

social care practitioners' engagement with evidence-based practice found that they recognised the relevance of research to practice, but had low levels of engagement with research and low levels of confidence in the application of research. Barriers to engagement included time limitations in practice and lack of knowledge of how to engage with research.

4.5.4 Synergy between Evidence-based Approaches and the Social Harm Framework

There is synergy between evidence-based practice and the social harm framework described in the previous chapter. Both promote critical analysis of the causes of problems and how they are framed. The social harm framework is based on a body of sound empirical research (Coleman & McChaill, 2009; Garside, 2013; Hillyard & Tombs, 2004; Pemberton, 2016), and evidence-based practice expects the use of valid evidence to analyse issues (Gambrill, 2010). Both social harm and evidence-based approaches point to a need to move from a reductive vision of neglect to one informed by evidence of the causes and impacts of neglect in our societies. One that recognises that child neglect and social harms such as childhood poverty cause significant harm, limit life opportunities, and confer a wide range of disadvantages (Daniel, Scott & Taylor, 2011; Joseph Rowntree Foundation, 2017; Lee, 2020; McCartan et al.; 2018). This synergy has supported a coherent approach to the GECAT's development.

4.6 Summary

This chapter has explained ontological, epistemological, and methodological choices made in this study. It has highlighted how choices were a matter of degree rather than dichotomous, revealing the nuanced ontological, epistemological, and

methodological choices involved. It has set out the arguments for an evidence-based stance, but also the debates that continue on this paradigm within social work and beyond. The next chapter will set out in detail the study design and incorporated primary phases of the research project.

5 The Three Primary Phases of the Research Project

5.1 Chapter Introduction

This chapter supports the overall thesis by providing a clear and detailed explanation of the methods chosen for this research project. It details the research design and its three primary phases: the systematic review, Delphi study, and pilot phase. It starts by considering the importance of construct clarity for the research and proceeds to discuss the project's overall design. It then considers each primary phase in order, reflecting on their strengths and limitations.

The survey subject of journal article 3 - *Exploring social workers' views on assessing child neglect in England and Wales* - explored the views of children and families social work practitioners in England and Wales on assessing neglect in frontline practice; this was an important but not primary phase of the research project. It adopted simple methods of data collection and analysis that have been discussed in journal article 3, and that do not warrant further discussion in this chapter. The survey's place in the research project was to understand how the tool can be implemented in a way that is inclusive of practitioners' views and professional needs. This will be of particular importance to subsequent larger scale piloting of the tool, where understanding the views of practitioners on assessing child neglect, on the key features important for neglect assessment tools and on the work conditions they require for undertaking assessments with families will be instructive.

5.2 Summary from Chapter 4

Chapter 4 outlined the key ontological, epistemological, and methodological choices made in this study. It described how a relative and nuanced approach was

taken to these decisions, with ontological, epistemological, axiological, and methodological choices understood as a matter of degree rather than simply dichotomous. The chapter set out the arguments for the adoption of an evidence-based approach, to ensure research rigour, promote a positive relationship between research and practice, and constructively add to the rather limited research base on the assessment of neglect.

5.3 Research Questions and Key Concepts

Clear and well-constructed research questions are critical to any research project as they focus the research, shape methodological choices, and guide all stages (Rutter et al., 2010). Within this chapter, the research questions are detailed under each project phase.

It was essential to consider a clear nominal definition of neglect early in the study, as this basis would affect subsequent design stages (Mackenzie, 2003; Perron & Gillespie, 2015). As described in chapter 1, the official government definition of *Working Together to Safeguard Children* (2018), that is the statutory guidance on inter-agency working to safeguard and promote the welfare of children in England in accordance with the Children Act 1989 and Children Act 2004, was chosen for the systematic review. The full definition is laid out in chapter 1, and as explained in that chapter it was chosen due to its comprehensive nature and its role as the official neglect definition used to guide the assessments and decision-making of those in practice in England.

As also described in chapter 1, in light of phases two and three being conducted with practice partners in Wales, changes then had to be considered. Credence was given to key Welsh legislation and policy on neglect*: the Social*

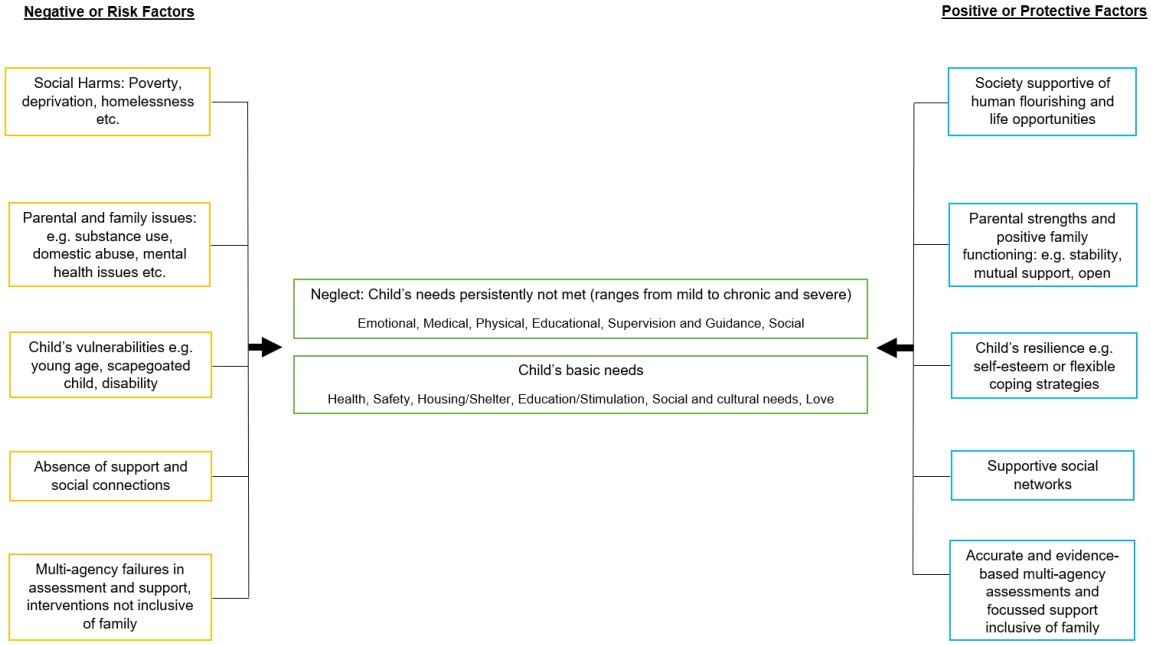
Services and Wellbeing Act (2014), statutory guidance in the form of Part 7 of *Working Together to Safeguard People* and the Welsh practice guidance *Safeguarding Children from Neglect* (2021). A child neglect definition was subsequently developed for the tool as part of the Delphi phase; this new definition was mindful of the official ones but at the same time easier for families to understand and inclusive of wider social drivers for neglect. This then remained as the child neglect definition employed for this study:

> Neglect is when a child/young person's needs are not met, to a level that results in avoidable harm to their health, development or wellbeing. Neglect may be caused by family difficulties or through families not having enough resources or support to meet their children's needs.

Clarity in the research was assisted by early development of a neglect theory of change (ToC), as shown in figure 5.1. The ToC was developed collaboratively and in consultation with key members of the advisory group, including parents, as well as with reference to the academic literature on children's needs and neglect. This collaborative approach to developing the ToC was important to promote learning, shared understanding and a shared sense of direction for the project (van Tulder & Keen, 2018). The ToC acted as a framework for the project, with its clear neglect typology (incorporating six different types of neglect) and focus on key risk and protective factors. It also showed how the construct of neglect could be organised into key dimensions and operational definitions; in other words, the ToC showed

neglect's key properties, and aspects of how it could vary (Blalock, 1984; Perron & Gillespie, 2015). This was essential, given the complexity of neglect as a phenomenon, the range of causal and contributory factors for neglect, and its varied impacts.

Figure 5.1 Neglect Theory of Change

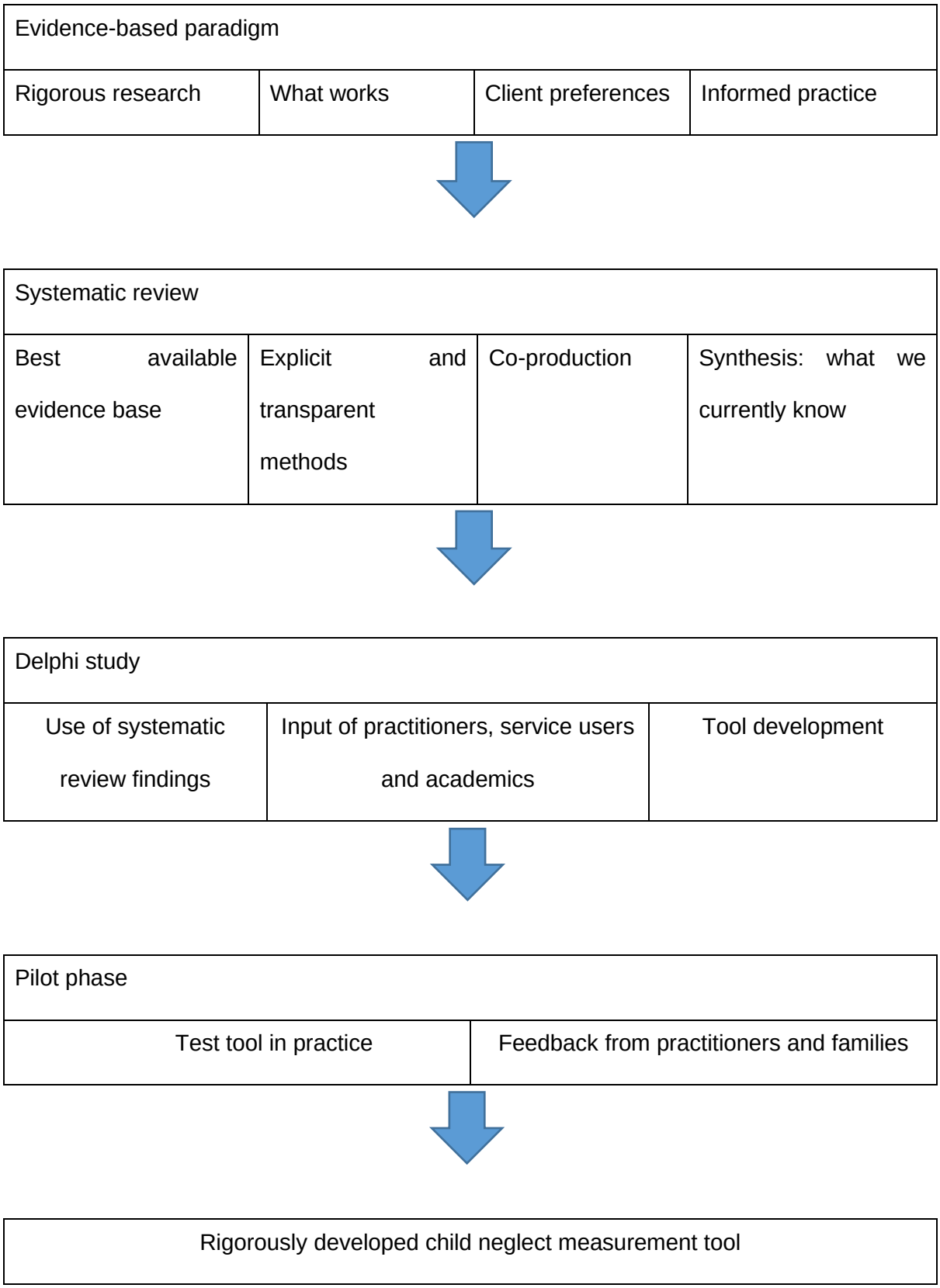


Construct clarity was achieved through development of the ToC and its application in all three primary phases, where clear and accurate terms were used to describe constructs in understandable ways (Suddaby, 2010). This in turn supported clarity on the assumptions the tool was based upon, as discussed in more depth below. Such clarity on key concepts, such as the key dimensions and different types of neglect, supported all phases, as well as the ability to communicate the research and its findings to practitioners, families, and other professionals (Manly, 2005).

5.4 Overall Study Design Across the Project

A variety of data collection methods to investigate how neglect is measured and how measurement could be developed and improved were employed within the research design, as depicted in figure 5.2. The three primary phases all proceeded from an evidence-based stance within a mixed methods design where both quantitative and qualitative data were collected and analysed (Bryman, 2006; Creswell & Plano Clark, 2018). A mixed methods design was employed for these key reasons. Firstly, to ensure a depth and breadth of knowledge to inform the tool's development, and to ensure that diverse and systematic methods were used to support data triangulation (Denzin & Lincoln, 2000; Fielding & Fielding, 2008). Secondly, to counteract potential biases from each of the three primary methods (Hammersley & Atkinson, 1995). For example, Delphi studies can engender bias through the bandwagon effect, where panellists conform to the majority opinion following feedback (Winkler & Moser, 2016). This may have led to items being included in the tool that did not represent neglect and its key features, impacting the tool's content and construct validities. These validities were therefore tested in the pilot phase.

Figure 5.2 Study Design



Mixed methods research can incorporate methodological diversity (Gilbert, 2008; Tashakkori & Teddlie, 1998). The research design employed methods from different paradigms, for example the systematic review and focus groups. The methods were employed sequentially to explore the same phenomenon (child neglect), and each method that was employed had equal status in the research design (Fielding & Fielding, 2008). Thus, a developmental approach was adopted, with each phase in the study informing the next (Green, Caracelli & Graham, 1989). The three primary phases and associated procedures were decided early in the project, and transparently communicated at all stages to participants and funders. As expected within mixed methods research, rigour was central to the research design (Creswell & Creswell, 2018; Greene, 2007). Each phase is the subject of an academic journal article included in this thesis.

This research has avoided methodolatry, where researchers can become rigidly committed to only one method in their research (Holloway & Todres, 2003). Rather, decisions were made based on the best methods to progress this research's key line of inquiry, in the process supporting triangulation of methods and evidence, which is often favoured in problem-driven research (Della Porta & Keating, 2008). The multiple phases and complexity of the design required significant methodological learning. Given the relative complexity, clarity in research design and planning was central to ensuring that different methods connected to form a coherent whole (Creswell & Creswell, 2018; Teddlie & Tashakkori, 2009). Clarity in objectives and research steps contributed to the timely progression of the project and to the significant insights into measuring neglect that it has provided.

5.5 Systematic Review

Fundamental to evidence-based practice within any discipline are the findings and syntheses of evidence provided by targeted and focussed systematic reviews addressing specific practice issues. They can increase the usefulness of research and standards of practice (Gambrill, 1999, Macdonald, 2001; Sackett et al., 2000; Sandelowski, Voils & Barroso, 2006), and ensure that individual pieces of knowledge are viewed within the wider contexts of other relevant knowledge (Creswell & Creswell, 2018).

“Up-to-date, reliable, systematic reviews of research evidence, or a demonstration that no relevant research exists, should be regarded as desirable and often essential for informing policy and practice” (Chalmers, 2003, p.36). The systematic review supported focus on the key issues in neglect measurement to inform phase 2, the Delphi study. It was important that the review was systematic to transparently inform of all processes involved, control for biases and for the effects of chance, and review the most complete research base on child neglect measurement feasible (Chalmers, 2003; Gambrill, 2011; Gorard, 2013). Further, the review was important to offer analysis of the most robust and rigorous evidence currently available on child neglect measures, in order to support decision making in policy and practice (Thorne, 2017).

A study protocol was written and published. This was registered with PROSPERO:

Haworth, S., Montgomery, P., Schaub, J., Kidney, E. & Dawson, S. (2020) *A systematic review of measures of neglect in children aged 0-18*. PROSPERO 2020

CRD42020204380

https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020204380

The systematic review was used to write journal article 1 (Haworth et al., 2022a). The article and study protocol describe in detail how the systematic review was undertaken (please refer to appendix 3 for databases searched and example of the electronic searches).

At the outset of the review, the protocol set out clear research objectives, clearly defined eligibility criteria, systematic methods for searches, and rigorous analysis methods (Chalmers, 2003; Gorard, 2013). This allowed readers to effectively judge the review's rigour and reliability (Macdonald, 1998). Such transparency would not have been normal practice in other types of review, such as narrative or rapid reviews, where methodological decisions and study conclusions are founded on professional judgement (Grant & Booth, 2009).

The research questions for the systematic review were:

1. What measures are used to evaluate the presence of child neglect within children's social work?
2. What empirical evidence exists on the validity of these measures in evaluating the presence and impact of child neglect?
3. For measures with relevant or face validity, what empirical evidence is there for their further validity (comprehensiveness and comprehensibility; structural validity; and cross-cultural validity), reliability, sensitivity to change, and interpretability? What is the strength of that evidence?

4. Which measures are most informative for practice in terms of being child-focussed, easy and simple to use, identifying where support is needed, and suitable for use across all stages of children's social work?
5. Which measures are most comprehensive and acceptable to children and their families?
6. What evidence is there for any adverse effects (e.g., levels of false positives and false negatives)?

As it can be understood from the research questions, significant emphasis was placed on tools' validity, as validity can be considered the cornerstone of good measurement tools (Corcoran & Fischer, 2000; Hogan & Angello, 2004; Perron & Gillespie, 2015). Validity can be understood as an evaluative judgement of whether a tool measures what it is intended to, and whether it measures the phenomenon in a comprehensive and comprehensible manner (Perron & Gillespie, 2015). The multi-step approach to assessing validity, together with the study quality employed, promoted rigorous assessment of studies and robust synthesis (please access the data extraction template designed for the review here: https://osf.io/bwdej).

The systematic review included a range of steps to minimise bias: following the protocol in full; adopting robust methods for searching, analysis, and synthesis; searching relevant electronic databases, search engines, and grey literature; and using relevant Critical Appraisal Skills Programme (CASP) checklists to assess included studies' risks of bias (CASP, 2018; McFadden et al., 2015; Whiting et al., 2016). Reliable research evidence was therefore generated (Chalmers, 2003; Evans, 2000). The review systematically analysed the effectiveness of current child neglect measurement tools; this led to a thoroughness, reliability, and rigour in its findings

and conclusions that would not have been achieved through either an individual study or a non-systematic review (Evans & Benefield, 2001; Khan et al., 2011; Oliver et al., 2014).

5.5.1 The Systematic Review's Gold Standard

The comparison of tools to a gold standard of a contemporaneous (+/- three weeks) social work assessment ensured that included studies had assessed tools rigorously in practice, and upheld a focus on what works. It is important to note that, due to a paucity of studies, we modified the protocol to include measures with retrospective comparisons with a social work assessment. Comparison to a gold standard of a social work assessment is not unheard of, although it has not been commonly employed in social work research and thus brings a degree of innovation. The rationale for the choice of a gold standard has been provided in journal article 1. The article suggests that high-quality holistic assessments of people in their sociocultural environments remain the cornerstone of good practice.

As described in the systematic review, an array of validated measurement tools in allied professions (such as health) have been tested against gold standards of clinical and professional field assessments. For example, the Beck Depression Inventory has been tested against the gold standard of clinical assessments (Wang & Gorenstein, 2013). Further, as detailed in the systematic review, social work assessments have been used for comparison for validation in other studies. Having said this, the limitations the gold standard posed are discussed in the next chapter and concluding chapter.

Although this was the chosen gold standard, there remained a clear rationale as to why a new measurement tool specific for child neglect was needed: such a tool

would complement more general social work assessments of children and families, with its specific focus on neglect and shorter nature. Such focussed assessment tools can support clearer decision making, complement practitioner expertise, structure thinking and judgements in practice, and are a key element of evidence-based practice (Barlow, Fisher & Jones, 2012; Corby, 2006; Messing & Thaller, 2015; Taylor, 2012).

5.5.2 Why not Predictive Tools?

Although there is interest in predictive tools (tools focussed on assessing likelihood of future maltreatment), the systematic review and this project have focussed on measurement of actual neglect. As stated in journal article 1, “A global systematic review for the National Institute for Health and Care Excellence (NICE) guidelines for child abuse and neglect failed to find any high-quality evidence for the predictive validity of any tools for identifying neglect” (Haworth et al, 2022a).

As described in journal article 1, predictive tools have clear limitations. In addition to the arguments presented in the article, they focus on static factors, exclude factors for which evidence is currently limited, ignore case-specific idiosyncratic factors, and are designed for specific outcomes in specific populations at only a specific time (Barlow, Fisher & Jones, 2012). They are plagued by false positives and false negatives (Coohey et al., 2013), and there are significant questions about whether they can be ethical in nature or fit with social work values (de Haan & Connolly, 2014; Keddell, 2015). Further, the research portrays that in a range of countries the majority of recurrent maltreatment reports are for neglect, meaning substantiation of neglect remains an important assessment task (Bae et al.,

2010; Jonson-Reid et al., 2019; U.S. Department of Health & Human Services, 2021).

5.5.3 Benefits of Undertaking a Systematic Review

There were a range of benefits to undertaking a systematic review. The systematic approach promoted evidence-based principles of rigorously testing knowledge; of adopting explicit procedures, clarity, and transparency within the research; and of focussing on what works in measuring neglect as well as on what could be ineffectual or harmful (Bryman, 2014; Chalmers, 2003; Gambrill, 2011; Khan et al., 2011). However, it is to be noted that such transparency is questioned, for example by Hammersley (2001).

The adoption of a systematic approach supported an ethical approach, avoiding findings or conclusions based on partial or selected information, or indeed misinforming readers (Macdonald, 1998). A systematic review in the complex world of child neglect was especially important when considering that non-systematic, all-inclusive reviews can provide the answers people are looking for (Khan et al., 2011), with readers bringing their own selection biases and focussing on studies that confirm their preferred approaches and ways of working (Macdonald, 1998). It acted as a bridge between research and practice (Hammersley, 2005; Khan et al., 2011), while clear dissemination was supported by the confident and robust nature of the findings and recommendations (Evans & Benefield, 2001).

5.5.4 Critiques of Systematic Reviews

On the other hand, there also are criticisms of systematic reviews. Hammersley asked, “Where is the evidence that systematic reviews produce more valid conclusions than narrative reviews?” (Hammersley, 2001, p.547). This question

has been answered for those within the evidence-based camp. It can be understood that the systematic methodologies of these reviews reduce bias, offer a more complete range of evidence, and reinforce trust in the synthesis of information and conclusions (McKenzie, Clarke & Chandler, 2015; Oliver et al., 2014; Wang et al., 2021).

Many of the critiques of systematic reviews mirror those of evidence-based practice. They argue that systematic reviews may not be able to capture the complex nature of social phenomena such as neglect (Cornish, 2015; Hammersley, 2001). There are other forms of literature review that enable this complexity to be highlighted (Cornish, 2015; Hammersley, 2001). For example, a narrative review could have explored the complex practice area of neglect (Grant & Booth, 2009; Hammersley, 2001). Alternatively, a critical review could have evaluated the most relevant studies on child neglect measurement, identifying their conceptual contributions (Grant & Booth, 2009). However, neither would have provided the transparent and systematic approach accomplished in a systematic review.

The systematic review broadly followed guidance from the Cochrane Collaboration (Higgins et al., 2020). It employed clearly articulated research objectives and questions, explicit methods, systematic searches, rigorous synthesis, and cogent dissemination. It is suggested by scholars, such as Hammersley (2005), that following such guidelines can be done without critical thinking and judgement, impacting study quality. Further, he has suggested that the focus on following guidelines and minimising bias presents a false position, as judgement is involved in all research (Clegg, 2005). However, the guidelines were interpreted and adapted to the field of social work from the beginning. There was a deeper exploration of the

'target condition' neglect, as compared to some medical conditions, it is a complex social issue (Daniel, 2015; Horwath, 2013). The review had an increased emphasis on co-production and collaboration to ensure that social work values were incorporated, in line with recent methodological developments (Uttley & Montgomery, 2018).

Systematic searches take time; time which could conceivably have been used in another form of review for deeper analysis and more effective dissemination (Pawson, 2002). The focus on evidence quality and on what works may have led to important data from small-scale qualitative studies being overlooked, while precluding the use of more skilled, less standardised judgement on relevant evidence to include (Grant & Booth, 2009; Hammersley, 2001). However, the review did not deny the value of qualitative research, but critically questioned studies' generalisability/external validity. The review could in fact be criticised for including studies that lacked internal and external validity, due to the weak evidence base (Khan et al., 2011).

5.6 Delphi Study

The Delphi study is the subject of journal article 2 - *A Delphi study to develop items for a new tool for measuring child neglect for use by multi-agency practitioners in the UK*. The Delphi method, in essence, should comprise three main features, namely "anonymity, controlled feedback, and statistical group response" (Hohmann, Cote & Brand, 2018, p.3279). A number of key factors led to the choice of a Delphi study for phase 2. The Delphi method can be used to explore areas of limited research or where complexity and debate are evident (Diamond et al., 2014; Hasson, Keeney & McKenna, 2000), as is the case for measurement of child neglect (Daniel,

Taylor & Scott, 2010; Dubowitz et al., 2005a). It can form an important strand of an evidence-based approach in under-researched areas (Lee et al., 2011). Significantly, Delphi studies can complement the rigorous findings of systematic reviews in such contested research spaces through systematic, rigorous, and efficient gathering of the views of a range of experts (Khodyakov et al., 2016). A Delphi study was chosen over traditional surveys due to its focus on achieving consensus (in an under-researched area) and enabling a feedback loop where panellists receive feedback on answers provided in the previous round (Donohoe, Stellefson & Tennant, 2012; McKenna, 1994). Achieving panel consensus was vital for developing items for the GECAT.

There were two primary developmental stages for the Delphi study: the systematic review discussed above and three online focus groups. The Delphi constituted three online surveys and an online discussion board. The research questions for the Delphi study were:

1. What do experts (practitioners, academics, and experts by experience) suggest are the key elements of a child neglect measurement tool?
2. Which elements of the child neglect measures from the studies included in the systematic review should be incorporated into the new tool?
3. What are the key features of a usable and relevant child neglect measurement tool for multi-agency practice?
4. Should the tool focus on social and societal factors, such as poverty, homelessness, or social isolation, and if so which of these factors should the tool focus on?

Consensus is a key concept for Delphi studies. It is considered good practice to produce a clear definition of consensus prior to commencing a Delphi study (Junger et al., 2017). A range of consensus definitions were examined; notably the work of Lynn (1986), who proposed that a minimum of 80% of experts should agree on an item for a tool or instrument to achieve content validity, and the studies of Eubank et al. (2016) and Paek et al. (2018), who have applied this threshold for tool and consensus development in the medical field. Consequently, the following definition was developed for this thesis: “Consensus will be achieved when 80% or greater of participants rate an item as of critical importance, so 7, 8, or 9 on the 9 point Likert scales”.

5.6.1 Participant Recruitment

The Delphi study engaged a range of experts, academics, multi-agency practitioners, and experts by experience, to share their views on what the new child neglect measurement tool needed to focus on, as detailed in table 5.1. It required significant negotiation for access, a matter discussed in detail in the next chapter. Persistence and patience were key, for research can be “full of false starts, blind alleys, mistakes, and enforced changes to research plans” (Bryman, 2014, p.13). The efforts ensured continued collaboration with practitioners, academics, and experts by experience.

Table 5.1 Participants Recruited

Type of expert	Recruitment criteria	How recruited
Children and families (C&F) multi-agency practitioners	• Frontline workers • Learning and development team workers • Senior practitioners	Partnership with Neath Port Talbot Council

	• Managers	Researcher's existing networks
Experts by experience	• Parents with experience of intervention for neglect	Partnership with Neath Port Talbot Council and their staff Researcher's existing networks (Practitioners were asked to identify people who they considered robust enough to be part of the Delphi process)
Academics	• Knowledge and expertise in neglect • Knowledge and expertise in measurement in social work	Contacting authors of key texts in this field Editorial boards of relevant evidence-focussed journals (*Journal of Evidence-Based Social Work* and *Research on Social Work Practice*) The researcher's existing contacts (National and international academics were recruited)

All participants in the focus groups were asked to take part in the surveys. The recruitment steps taken are detailed in journal article 2, as are the key characteristics of the participants. Delphi studies depend on panellists with relevant specialist knowledge (Keeney, Hasson & McKenna, 2001; Stone Fish & Busby, 2005). The selection strategy was purposive, recruiting a heterogeneous purposive sample of the target population(s) of academics, multi-agency practitioners, and experts by

experience (Saunders, Lewis & Thornhill, 2016). Clear inclusion criteria were set for an international panel with a range of expertise in child neglect. Participants were selected for their knowledge of neglect and/or measurement in social work through academic research, practice in multi-agency settings, or personal experience. Experts by experience were all spoken with individually to ensure their understanding of the project and to build trust and credibility. Issues of trust, unfamiliarity with research, and fear can create barriers for the engagement of experts by experience in research studies (Beresford, 2007).

The online pre-Delphi focus groups had an analytical function, so smaller numbers of participants were desirable (Acocella & Cataldi, 2020). The expert by experience group consisted of seven participants, the academic/practitioner group of nine. For the Delphi surveys, 75 panellists were recruited; with a view to accepting a response rate of 50, as attrition is a feature of Delphi studies. A very positive response rate was achieved, with 60 panellists engaging with the Delphi rounds.

5.6.2 Online Modified Delphi

A modified online Delphi was chosen and conducted. This offered a number of advantages, most notably efficient engagement of a geographically dispersed panel of experts and easier analysis and reporting. However, the choice may have led to lower quality discussions and interactions between participants (Donohoe, Stellefson & Tennant, 2012; Khodyakov et al., 2016). A discussion board was set up via Padlet to encourage active discussion between panellists between rounds (Khodyakov et al., 2020). The added efforts required for this provided some benefits, facilitating additional discussion and generating a few new ideas for the measurement tool in the process (Grant, Armstrong & Khodyakov, 2021). Having stated this, there was

moderate engagement with the discussion board, a facet of the Delphi that could have been improved.

5.6.3 Pre-Delphi Online Focus Groups

Focus groups can be used as a standalone research method or, as in this research project, as part of a mixed methods design (Robson, 2011). Three synchronous online focus groups with a purposive sample of academics, practitioners, and experts by experience were facilitated as one of the primary developmental stages for the Delphi study (as discussed in journal article 2).

The focus groups were participant-focussed, fully valuing views and supporting these to be shared; for example, the experts by experience were supported to share feelings of being marginalised in their interactions with professional spheres (Campbell, Taylor & McGlade, 2017; Hardwick & Worsley, 2011). The groups' online and synchronous nature enabled ease of recording and transcription, cost and time efficiency, and the inclusion of geographically disparate participants (Cher Ping & Chee, 2001; Grant, Armstrong & Khodyakov, 2021).

A clear criticism of focus group methodology is that participants may feel pressure to conform to dominant views and socially acceptable identities, and therefore engage in identity management processes (Green, 2009; Kreuger & Casey, 2000). Several clear steps were taken to promote open and honest discussions. Topic guides were produced which set out issues to be discussed, and ground rules to encourage everyone to speak (appendix 5) (Kreuger & Casey, 2000; Robson, 2011). There was early communication with participants that the groups were aimed at gathering a wealth of views and information to ensure that the Delphi surveys were being developed from a broad range of understandings of neglect. Moderation was

used to encourage a variety of views, and to support a balance between discussion flowing and ensuring the significant topics in the guides were covered (Acocella & Cataldi, 2020; Hardwick & Worsley, 2011). I considered my influence as a white male academic in the moderator role on the group dynamics and the willingness of participants to fully share their views (Smithson, 2008). For example, sensitively moving the topic of conversation on when required without shutting down marginalised voices.

Two focus groups were formed: one for experts by experience and one for professionals and academics. This division was adopted to avoid mixing participants with opposing interests; and to avoid facilitating groups with significant imbalances of power, or conversations that acted as triggers for feelings of re-traumatisation. At the start of each session central issues, such as how the session would run and confidentiality, were outlined (Morgan, 1998). Discussion of topics that demanded self-disclosure was avoided, recognising that encouraging people to talk publicly about difficult topics can be unethical (Bryman, 2014). Although group members were asked to keep information shared confidential, it was made clear to participants in the information and consent forms that complete confidentially could not be guaranteed (appendix 6).

The focus groups constituted a number of people who did not know each other, as well as some who did; participants were chosen carefully to ensure a diversity of views while avoiding overly dominant voices, with the aim of encouraging open discussion (Acocella & Cataldi, 2020). One concern was that existing relationships in the expert by experience group could stifle open and honest discussion, with processes of identity management transpiring (Bloor, Frankland &

Robson, 2001; Smithson, 2000). This concern was addressed through stressing the importance of confidentiality, through the use of clear topic guides and ground rules, and through moderation sensitive to this issue (Acocella & Cataldi, 2020; Robson, 2011).

The focus groups supported informed progress to the Delphi surveys. They encouraged a range of both individual and collective perspectives on the formulation of questions to be asked in round 1 (Beiderback et al., 2021). They also allowed better understanding of the language and concepts a range of participants used in respect of neglect, which supported development of an accessible round 1 survey (Smithson, 2008). Although the two groups were purposively sampled and views shared represented only those of the group, and not for example all multi-agency practitioners in Neath Port Talbot, there was a diversity of views shared to build upon in the Delphi surveys.

5.6.4 Delphi Surveys

The online Delphi surveys were administered using the Qualtrics platform (Qualtrics, 2021). This platform enabled user-friendly design and administration of the surveys, alongside easy-to-use analysis and reporting functions (Hamlet et al., 2018). A short video was produced to introduce panellists to the fundamentals of Delphi studies, the topics that would be covered, what Qualtrics looks like, and the nature of the questions for each round. All surveys were piloted with two experts by experience, two practitioners and two academics. This is considered good practice to encourage robustness and comprehensibility of questions (Barrington, Young & Williamson, 2021; Beiderbeck et al., 2021). Their feedback led to important

modifications prior to the surveys being administered, notably in relation to clarity of questions (please refer to appendices 8-10 for the surveys).

The writing of clear and focussed questions is critical to both gathering useful and valid data, and improving response rates in Delphi studies (Donohoe, Stellefson & Tennant, 2012; Hohmann, Cote & Brand, 2018). In a similar vein, clear introductions and invitations are critical for successful online Delphi studies (Beiderbeck et al., 2021). In particular, the introduction to the round 1 survey was carefully considered, covering the study's purpose and information about the process of the Delphi.

In round 1 panellists were asked to consider and generate salient topics and items for the neglect measurement tool in order to inform the survey for round 2, building on both the findings from the systematic review and on data gathered through the online focus groups. The questions for round 2 were developed from the panellists' responses in round 1, as described in section 5.6.6 below. In rounds 2 and 3, panellists were asked to rate items for the tool on 9 point Likert scales. The following scoring was applied:

- Scores of 1-3 indicated that an item was of limited importance for the tool.
- Scores of 4-6 indicated that an item was important but not essential for the tool.
- Scores of 7-9 indicated that an item was critically important for the tool.

The round 3 survey modified that of round 2 through the inclusion of statistical responses. Panellists were asked to re-evaluate their responses in light of this information. In all rounds, questions were grouped under headings (e.g., 'impacts of neglect for the child') for the purpose of clarity for panellists (Hohmann, Cote & Brand, 2018).

Panellists were provided with controlled feedback after round 2 in the form of summaries of responses (de Meyrick, 2003). Such time for reflection and vicarious thinking is viewed as important for stimulating score changes and consensus in Delphi studies (Fish et al., 2020). However, no evidence-based guidelines on how to provide feedback in Delphi studies between rounds exist (Brookes et al., 2016; Meijering & Tobi, 2016).

There are a range of considerations in how to provide feedback (Brookes et al., 2016). A range of factors that can influence the likelihood of panellists to change their opinion were considered: for example, less powerful conceding to more powerful voices, level of expertise and credibility, confidence, and the nature of feedback provided (Bardecki, 1984; Rowe & Wright, 1996). The potential influence of cognitive dissonance in encouraging on one hand conformity to the group norm view for nonconforming panellists, and on the other hand dropping out of the study for those who disagree, was reflected upon. Studies using mixed panels of experts have found that the best way to achieve consensus is through providing summary feedback to all panellists simultaneously, and this was the approach adopted in this study (Brookes et al., 2016; Fish et al., 2018).

Panellists in Delphi studies with mixed stakeholder groups can have issues understanding terms such as median or mean (Fish et al., 2018). Feedback was provided in the form of percentages of panellists rating each item as of limited importance, important but not essential, and essential, alongside the average scores for each item from the whole panel, not from each different group. To ensure feedback was clear and understandable, a colour-coded system was employed based on the Rand Appropriateness Method (RAM) analysis technique - green for

essential, yellow for important but not essential (and also for items with significant disagreement between groups), and red for of limited importance (Khodyakov et al., 2020; Montgomery et al., 2019). This promoted simplicity in the feedback, which is key for promoting understanding in a mixed panel of experts (Meijering &Tobi, 2016; Turnbull et al., 2018).

To promote a high response rate and the credibility of the study, contact with panellists was proactively maintained, and clear instructions on how to participate were provided (please refer to appendix 7 for the Delphi study information and consent form) (Beretta, 1996; Khodyakov et al., 2020). The surveys were designed to not take longer than 30 minutes to complete (Donohoe, Stellefson & Tennant, 2012; Khodyakov et al., 2016). It would not be possible to fully gauge the impact of these steps however, given that Barrington, Young and Williamson's systematic review (2021) of Delphi studies in the health field found no evidence of an effect on response rates of sending reminders to panellists. Three rounds enabled a balance between detailed data gathering and reduced response rates associated with multiple rounds (Keeney, Hasson & McKenna, 2001); considering that poor response rates can impact the validity of results (Hohmann, Cote & Brand, 2018).

The study's rigour was improved by following the Conduction and Reporting of Delphi Studies (CREDES) guidelines, as discussed below, and by early and transparent identification of key study aspects (Hasson & Keeney, 2011; Junger et al., 2017). Key elements such as structure, number of rounds, definition of consensus, and analysis methods were all decided prior to the Delphi commencing (Linstone & Turoff, 2011; Stone Fish & Busby, 2005).

The Delphi, its developmental stages, and its analysis enabled the incorporation of both qualitative and quantitative methods (Hasson & Keeney, 2011; Junger et al., 2017). This provided a more complete picture of measuring child neglect, but potentially lacked the depth and intricacy of discussion associated with, for example, qualitative semi-structured interviews (Gomm, 2004). The combination of focus groups and Delphi surveys provided a number of data gathering advantages. The focus groups encouraged participant-focussed and constructive dialogue (Campbell, Taylor & McGlade, 2017). The anonymous nature of the surveys supported panellists to share honest views free from socio-cognitive biases, such as defence to authority, group think, and acquiescing to social pressures (Stone Fish & Busby, 2005).

The surveys enabled the experts to critically think about the complex issue of measuring neglect and about the key items for the measurement tool, both as individuals and as a group (Linstone & Turoff, 2011). This supported the content and construct validities of the tool, and the practice-relevance of the research (Cross, 1999; Okoli & Pawlowski, 2004). The surveys supported effective and efficient group communication and led to consensus on what items to include in the tool, which would have likely been more complex and lengthier to achieve with other research methods (Diamond et al., 2014). The Delphi approach adopted aimed to avoid common pitfalls of poor interaction and communication between researchers and panellists, and low levels of panellist engagement (Khodyakov et al., 2016).

However, there were potential weaknesses. The panel consisted of 60 experts with a broad range of views, but a panel with different composition may have reached different conclusions, leading to a different measurement tool (Hasson, Keeney &

McKenna, 2000). Although the tool was pilot tested, questions can be asked about how generalisable the findings are, which is important for a tool that will hopefully be used by a range of organisations and therefore in a range of different contexts. Furthermore, the anonymous process may have led to less ownership of ideas by panellists than non-anonymous interview methods (Saunders, Lewis & Thornhill, 2016). The Delphi process assumes that panellists are willing and able to illuminate issues and ideas individually and respond honestly (Keeney & Hasson, 2001). Although the panel was chosen carefully and discussion boards were facilitated, this may not have been the case.

5.6.5 CREDES Guidelines

Delphi studies have been criticised for lacking rigour and clarity on research processes, and adopting inconsistent approaches to selecting panels, defining consensus, and data analysis (Grant, Booth & Khodyakov, 2018; Hasson & Keeney, 2011). In response to these potential methodological issues, this study employed the CREDES guidelines to promote a systematic and rigorous application of the Delphi technique. These guidelines were developed from a systematic review of how the Delphi technique was being used for developing best practice guidance within palliative care (Junger et al., 2017). They are intended to act as a set of minimum requirements for conducting and reporting Delphi studies to a standard that produces valid and credible findings. The application of the guidelines is discussed in journal article 2.

A number of steps were taken to follow the CREDES guidelines. They propose the need for clear justification for the choice of a Delphi study, as provided in this chapter. In accordance with the evidence-based approach adopted by this

research, systematic and rigorous application of the Delphi technique was vital. A variety of experts were recruited to the panel, supporting a range of views on measuring neglect. A combination of pre-Delphi focus groups and Delphi surveys was chosen to reduce bias, enabling panellists to share views without undue researcher influence, a suitable level of group discussion, and valid judgements from the panel on key aspects of the measurement tool. Clarity on the questions to be answered by the panellists was imperative (De Meyrick, 2003). Methods and results were clearly reported in a peer reviewed journal article (Haworth, Schaub & Montgomery, 2023), as were response rates and limitations of the study.

5.6.6 Qualitative Analysis of Focus Group and Delphi Survey Data

The data generated from the focus groups were analysed to develop key themes and questions for Delphi survey 1 using manual reflexive thematic analysis. This is discussed in journal article 2. Reflexive thematic analysis was chosen over other forms of thematic analysis such as codebook and coding reliability thematic analysis due to its conception as an active and deliberate process of theme generation; as a rigorous and systematic method; and for its flexibility in terms of the theory informing the analysis (Braun & Clarke, 2019; Braun, Clarke & Weate, 2017). The choice of reflexive thematic analysis fits with the literature that suggests that analysis of focus group data should concentrate on narratives constructed within the group context, rather than at the individual level (Acocella & Cataldi, 2020; Smithson, 2008). It supported structured analysis and synthesis of the focus group data and clear themes to progress from the focus groups to the Delphi surveys (Braun & Clarke, 2006; Hasson, Keeney & McKenna, 2000; Sim et al., 2018).

The analysis necessitated in-depth focus on the data in order to recognise key themes and the links between these (Braun & Clarke, 2006, 2019). Manual analysis of the focus group data was achievable as the data set was not too large (Nowell et al., 2017). The analysis involved a number of sequential stages for each data set. First, the data to be analysed were read to become familiar with what participants had communicated as key items for the tool. Codes were generated for salient points raised and compared to ensure that they accurately reflected the data generated. Similar codes were grouped together to form categories, and these were subsequently compared as had been previously done with the codes. Similar categories were then grouped into themes and named. The key themes identified were then take forward in survey 1 (Braun & Clarke, 2019; Braun, Clarke & Hayfield, 2018). The analysis consistently focussed upon the saliency of themes as central organising concepts for the tool itself (Braun & Clarke, 2019; Braun, Clarke & Hayfield, 2018).

A number of steps were undertaken to ensure internal validity in the thematic analysis of the focus groups and reduce potential bias. Firstly, transcripts as rich sources of data were analysed (Fitzpatrick, 2019). Secondly, initial findings and interpretations were compared with analysis carried out on the same transcripts by a more experienced member of the research team (Bird, Campbell-Hall & Kakuma, 2013). Thus, two researchers independently analysed the same data sets and compared findings, achieving analytical triangulation and reducing interpretation bias (Fitzpatrick, 2019; Patton, 1999. Lastly, contact was made with two participants of each of the focus groups to check whether they agreed with the themes that emerged, another form of analytical triangulation (Elliot, Fischer & Rennie, 1999).

The qualitative data gathered through the Delphi surveys were short-form free text data answers. The maximum word length of answers from panellists was 20-30 words, with the majority of answers shorter than this. An in-depth qualitative data analysis approach such as thematic analysis would not have been an appropriate choice (Braun & Clarke, 2019; Nowell et al., 2017), therefore, qualitative content analysis was the chosen option.

Content analysis fits well with the overarching evidence-based philosophy of this thesis, with a focus on objective and systematic analysis of qualitative data (Bryman, 2014; Mayring, 2021). It seeks to delineate data into clear categories. There are two main approaches to content analysis: quantitative and qualitative. Quantitative content analysis is more associated, for example, with media research where there are large data sets; while qualitative content analysis has a tradition within helping professions such as nursing and teaching (Graneheim & Lundman, 2004; Mayring 2021). Qualitative and ethnographic content analysis emphasise the construction of meaning, and allowing categories to come from the data, rather than pre-deciding these (Bryman, 2014; Goodings, Brown & Parker, 2013; Snee, 2013). Qualitative content analysis has been used in previous Delphi studies in allied disciplines such as education and health to promote focussed robust analysis; for example, in Britten et al. (2018), Gharibi and Tabrizi (2018), Korkmaz and Erden (2014), and Lakanmaa et al. (2012).

The processes of qualitative content analysis involved some similar steps to thematic analysis, but it was a less immersive undertaking. Firstly, it entailed reading the answers to become familiar with what participants had communicated as key items for the tool, and scoping initial overarching themes within this data. From this,

an initial coding frame was developed, based on linking related words and concepts to condense them into codes. These were then compared to ensure mutually exclusive categories (or themes); in other words, linked content that shared a key theme (Graneheim & Lundman, 2004; Mayring, 2021). These categories were then counted using the Qualtrics platform, for computer-assisted content analysis. For example, for the category of ‘lack of stimulation in the home’, the codes of stimulation, reading, learning, toys, books, and learning materials were linked together and counted as one category. As I was the sole primary analyser, a coding manual was not necessary. The themes that occurred most frequently within the answers from panellists were taken forwards as key concepts for panellists to consider in the next round. The themes therefore emerged inductively from the data (Atheide & Scheider, 2013).

Any qualitative analysis approach involves interpretation from the researcher and recognition that there may be multiple meanings derived from a data set (Graneheim & Lundman, 2004). The analysis focused primarily on the manifest content of the free text data, given its short free text nature. However, linking related words and concepts involved a degree of analysis of latent content, its underlying meaning (Graneheim & Lundman, 2004; Kondracki, Wellman & Amundson, 2002). With this in mind, it was important for the qualitative content analysis of the Delphi survey data to follow some similar steps to those taken for the thematic analysis of the focus group data (as outlined above) to promote internal validity, credibility, and trustworthiness of the findings. So, a more experienced member of the research team checked the coding and findings, acting as an analytical auditor for the

accuracy and validity of the original coding and analysis (Bird, Campbell-Hall & Kakuma, 2013).

Other forms of analysis, such as grounded theory or framework analysis, may have also been appropriate choices for both the focus group and qualitative Delphi survey data. As data had already been obtained through the systematic review to inform the Delphi phase, a grounded theory approach may have worked well, but also offered limitations. It would have looked to generate theory from the data (Charmaz, 2006; Ruane, 2005), but as the theory of social harm has been applied within this research, generation of theory was not an aim. The heavily inductive reasoning of grounded theory (Bryman, 2014; Charmaz, 2006) would not have fitted well with the research philosophy adopted, which leans towards the positivist and deductive, or with the aims of the research to produce a child neglect measurement tool transferable to a variety of contexts. Grounded theory aims for rich analysis and descriptions of data sets, offering only limited generalisations from the analysis (Blaikie & Priest, 2019).

Framework analysis shares similarities with thematic analysis in the steps taken to analyse data and can be considered part of the thematic analysis family, situated as it is within codebook thematic analysis approaches (Braun & Clarke, 2019). It can be a flexible and systematic approach to data analysis (Gale et al., 2013). The defining feature of framework analysis is development of a thematic matrix that supports structured and detailed analysis (Hackett & Strickland, 2018; Gale et al., 2013). However, reflexive thematic analysis and qualitative coded analysis were selected due to the reasons outlined above and their application in a range of previous Delphi studies.

5.6.7 Quantitative Analysis of Delphi Survey Data

Rating and ranking data gathered through the Delphi surveys were analysed quantitatively, to determine the existence of consensus among participants (Grant, Armstrong & Khodyakov, 2021; Khodyakov et al., 2020). Likewise, data from multiple-choice questions were analysed quantitatively to determine the panel's preferred choices. Simple statistical tools were applied to this data. Journal article 2 discusses quantitative analysis choices for the Delphi data.

In round 1, multiple-choice data were analysed through use of a simple multiple response analysis, using the Qualtrics platform. The steps taken are detailed in journal article 2. In rounds 2 and 3, focussed on rating items for the tool, the a priori criteria for inclusion was the study's Delphi consensus definition, as discussed above in section 5.6: "Consensus will be achieved when 80% or greater of participants rate an item as of critical importance, so 7, 8, or 9 on the 9 point Likert scales" (the Likert Scales ran from 1-9: 1-3 = Of limited importance; 4-6 = Important but not essential; 7-9 = Essential).

If 80% or more of the panel rated an item as essential and at least two out of the three expert groups bestowed this rating, the item was included, if not it was omitted. This equated with the consensus definition and fitted with the key outcome of developing a concise tool (Beiderbeck et al., 2021). Analysis of variance between the 3 expert groups was therefore undertaken (Beiderbeck et al., 2021). The data generated was non-parametric, as it was a small sample, and the sample did not follow a specific distribution, with for example a larger practitioner expert group than academic expert group. Therefore, the Kruskal–Wallis one-way analysis of variance was employed to see whether average (median) responses for each item differed

significantly by panellist type (academic, practitioner, or expert by experience) (Chan & Walmsley, 1997). Statistical analyses were performed using IBM SPSS 28.0.1.1 software. Non-parametric analysis focussed on medians and interquartile ranges is considered good practice for Delphis, as it avoids outliers in the data skewing results (Hohmann, Cote & Brand, 2018).

5.7 Pilot Study

The pilot study is the subject of journal article 4 - *The Good Enough Care Assessment Tool': A new evidence-based co-developed multi-agency tool for assessing child neglect.* The article describes how the pilot study was carried out in detail, which will not be repeated here. The key questions for the pilot phase were:

1. How reliable is the child neglect measurement tool?
2. How valid is the child neglect measurement tool?
3. Is the tool usable and accessible in practice?

The pilot study was purposefully small scale to test out the tool and its validity with a small number of families, in case the tool was invalid or produced false positives or negatives (Thabane et al., 2010; Van Teijlingen et al., 2001). This decision was made in line with key evidence-based principles of minimising harm and being conscious that interventions may do more harm than good (Gambrill, 2011). However, it does mean that the findings of the pilot study must be considered as preliminary in nature, and a larger scale pilot study will be required. The limitations of the small-scale approach adopted in the pilot study are discussed in journal article 4.

5.7.1 Pilot Study Participant Recruitment

The tool was tested with multi-agency practitioners in Neath Port Talbot, including their neglect-focussed Working Together Project. A selected group of 10

Neath Port Talbot multi-agency practitioners applied the tool to real cases (families), enabling the draft tool to be tested for validity, reliability, and usability in practice.

Sampling was purposive and provided a broadly relevant sample to reflect the workforce that will use the tool. The sample comprised: three social workers, three family support workers, two health professionals, and two education professionals. The practitioners were asked to choose families where neglect was a concern. All participating families had existing working relationships with the practitioners. Advice on the choice of families was provided when requested by practitioners, and they were asked to choose families psychologically and emotionally stable enough to engage fully without heightened emotions arising. Families were informed that they could withdraw at any point and debrief sheets with details of local support services were provided for families through the practitioners working with them. Regular contact was maintained with the practitioners, with fortnightly drop-in sessions offered, to discuss a range of issues, including the wellbeing of the families.

5.7.2 Pilot Study Data Collection

Measurement instrument scores need to be reliable before they can be valid (Bovaird & Embretson, 2008). A test-retest method was employed to test for reliability, with the practitioners completing the tool again with the same families after a two-week gap from when they first administered the tool. As discussed in journal article 4, this approach and time gap has been employed in a range of studies developing tools in the helping professions. The time gap was decided based on the stability of child neglect, so that the ‘true score’ for say severity was not likely to significantly change between administrations (Vaz et al., 2013). Thus, data gathered could inform if the scales measured the key features of neglect the same way each

time they were completed (Vaz et al., 2013; Wu et al., 2022). The testing was undertaken with a view to gaining more definitive and informed responses from the professionals using the tool on its suitability and ease of use, as well as to test for its reliability (Jason et al., 2015; O'Brien, Casey & Salmon, 2018; Wu et al., 2022). The views of families on the draft tool, whether it was acceptable to them, usable in real world practice, fair and balanced, and focussed on their needs, were sought through this selected group of practitioners (please refer to appendix 15 for the family feedback form).

Contributions and questions from the multi-agency practitioners about the instrument were fed back via fortnightly drop-in sessions, three online focus groups, and a short online survey, leading to modifications in the tool. Initial face, content, and construct validity were assessed through these feedback mechanisms (Ewing et al., 2013; Henderson et al., 2011; Ouimet et al., 2004). The results of the pilot testing were dissected with the practitioners in the focus groups with attention on how well the tool represented child neglect and its key features in their entirety, and on whether the questions and scores measured child neglect and its key facets as they purported to do (please refer to appendix 13 for the topic guide).

Discussions were held on the tool's overall design, content, and on whether it overlooked any important features of neglect; and further, on whether the questions in the tool were clear and specific enough to produce valid assessment data on neglect in practice (Ouimet et al., 2004). The guidance in the tool was explored, and active discussions were encouraged on the tool's accessibility and usability in real-world practice.

An online survey with Likert scales and free-text questions was administered via the Qualtrics platform at the end of the pilot phase, between 2nd and 30th March 2023, to gain the views of practitioners on key features of the tool, including its validity and usability (appendix 14). As described in journal article 4, the survey was designed based on established ideas from the research literature on development and use of Likert scaling questions (Roy, 2020). Fully-labelled 5 point scales with a neutral midpoint (neither agree nor disagree) were employed to act as interval scales, appropriate to statistically analyse for analysis of variance (Carifio & Perla, 2008). The approach employed promoted the reliability and validity of the survey (Adelson & McCoach, 2010; Chyung et al., 2017), ease of completion (Weijters, Cabooter & Schillewaert, 2010), and recognised respondents as familiar with the topics of the survey and therefore able to purposefully express a neutral opinion, not just selecting the midpoint option as an easy and socially acceptable option to choose (Chyung et al., 2017). Research shows that providing a midpoint and fully labelled scales can not only increase the reliability and validity of the survey, but also reduce the number of misresponses (selection of response options that are opposite to the participant's beliefs) (Adelson & McCoach, 2010; Weijters, Cabooter & Schillewaert, 2010).

Two academics with expertise in child neglect/assessment were contacted and asked to give their opinions on the tool's design, and on face and content validities. They were asked whether based on their expertise it assessed neglect's key features, and to propose improvements for the tool.

As discussed in journal article 4, qualitative approaches to test validity have been used in a number of studies in disciplines such as health and education. The

focus groups enabled in-depth discussions about key features of the tool. However, as suggested in journal article 4, they may also have introduced a degree of bias through respondents offering what they viewed as socially desirable responses or responses influenced by group pressures (Green, 2009; Henderson et al., 2011). Similar steps were adopted to guard against these pressures as to those described in section 5.6.3 above. Triangulation was employed to counteract the limitations of each individual method of data gathering (Flowerdew et al., 2012). As Oumiet et al. (2004) suggest “When triangulation is employed to validate a survey, researchers obtain an array of data points that can be used to cross reference areas needing improvement” (p.248).

5.7.3 An Evidence-Based Approach to the Pilot Study

As in the systematic review and Delphi phases, in the pilot study key aspects of the piloting phase were decided early and reported transparently to those involved. These included the structure, timeframes, number of multi-agency practitioners and cases, and how key concepts of reliability and validity would be tested. Training was provided to the practitioners on neglect, evidence-based practice, the tool, and use of research to inform their practice. The focus on evidence-based practice in the training aimed to counter negative beliefs about it and promote understanding of the key elements of evidence-based practice and how these can support assessments with families, as research has shown that lack of understanding can lead to negative appraisals of evidence-based practice from practitioners (Ekeland, Bergem, & Myklebust, 2019).

The hyperlinks in the tool to key research supported ease of access to knowledge to inform practice, countering longstanding issues of practitioners lacking

confidence in accessing and using research (Wakefield et al. 2022). The website designed to accompany the tool (please access here: https://goodenoughcare.co.uk/) contained short 'in a nutshell' guides to key research to encourage research literacy and active engagement with the research. This approach was key to supporting practitioners to recognise the evidence-based approach as informing their practice rather than a top-down managerialist technique undermining of their professional autonomy (Shaw, Lunt & Mitchell, 2014).

5.7.4 Pilot Study Data Analysis

Journal article 4 discusses the analysis of the qualitative and quantitative data gathered in the pilot phase. Statistical analyses were performed using IBM SPSS 28.0.1.1 on the quantitative data. Test-retest reliability was calculated through Pearson's correlations and two-tailed T-tests. Pearson's correlation coefficients are commonly used to assess reliability, calculating the strength of the relationship between test and retest scores (Vaz et al., 2013). Pearson's correlation coefficient tests for relative reliability, as opposed to absolute reliability, focussed on the linear relationships between test-retest scores (Portney & Watkins, 2000). As Vaz et al. (2013) suggest, "The correlation coefficient is a reflection of how closely a set of paired observations (test–retest data in this case) follow a straight line, regardless of the slope of the line" (p.2).

Pearson's correlations coefficients have disadvantages. They cannot provide insight into inherent errors that may be evident in a tool's scales (Lexell & Downham, 2005). They inform whether scores have a linear relationship, therefore not informing whether the scales show absolute agreement over the time period (Bland & Altman, 2003; Vaz et al., 2013). Having said this, the Pearson's correlation coefficient

remains a valid test for tool reliability and has been used in a range of studies testing the reliability of tools in the helping professions (Edleson, Shin & Johnson Armendariz, 2008; Jason et al., 2015).

The primary other options to test for reliability considered were Cronbach's Alpha, Cohen's Kappa, and absolute reliability approaches. Cronbach's Alpha would have been more relevant for testing the internal consistency of the tool itself; so, the scales in their entirety rather than the reliability of each scale (Welsch et al., 2021). Further, its use has been mainly in relation to questionnaires, not assessment tools (Vaske, Beaman & Sponarksi, 2017). Cohen's Kappa is considered more relevant for testing inter-rater reliability, whereas the pilot was looking at intra-rater reliability (Hsu & Field, 2010). Absolute reliability approaches have strengths, but focus on variability due to random error, less informative in the small-scale pilot study (Bland & Altman, 2003).

Qualitative data from these focus groups were analysed using reflexive thematic analysis (Braun and Clarke, 2019), examining the findings in relation to the validity, reliability, and usability of the tool in practice settings. The analysis was conducted following very similar steps to those outlined above in section 5.6.6, as described in journal article 4.

5.8 Summary

This chapter has set out this study's research design and the associated three primary phases: a systematic review, a Delphi study, and a pilot study. It has detailed the research questions for each phase and the steps taken in each phase, including recruitment, data gathering, and data analysis. It has described some strengths and limitations of the methodological choices made and alternative options that could

have been chosen. The next chapter will discuss matters of collaboration and ethics, as well as the overall strengths and limitations of the methodological approaches this thesis has taken.

6 Matters of Collaboration and Ethics

6.1 Chapter Introduction

This chapter discusses the collaborative approach adopted in this study and reflects on the ethical considerations. The chapter starts by discussing how the findings have been based in evidence and collaboration with academics, multi-agency practitioners, and experts by experience; therefore, combining research rigour with practice relevance. It then sets out that this research has been conducted in line with social work research codes of ethics and undertaken in a clear and transparent manner. It considers the strengths of the methodological choices made and other options for developing a child neglect assessment tool, explaining why these were not chosen. Lastly, it discusses the limitations of the choices made.

6.2 Summary from Chapter 5

Chapter 5 outlined the overall research design of this thesis and proceeded to explore the three primary phases of the project in depth: the systematic review, the Delphi study, and the pilot study. This exploration covered aspects of participant recruitment, data gathering, and data analysis. The chapter highlighted some strengths and limitations of the methods employed.

6.3 A Collaborative Approach

Phase 1 of the project was undertaken with Birmingham Children's Trust, based in England, as practice partners. Phases 2 and 3 were undertaken with Neath Port Talbot Council, based in Wales, as practice partners. The reasons for this change are discussed below. There were a number of motivations for adopting a collaborative approach in this research. Evidence-based research has increasingly

valued knowledge gained through experience and professional practice (Austin, Dal Santo & Lee, 2012; Oliver, Kothari & Mays, 2019; Wieringa & Greenhalgh, 2015), especially for practice-focussed research aiming to impact the 'real world' (Barber et al., 2011; Traynor, Dobbins & DeCorby, 2015). Collaborative research approaches can support better understanding of barriers and facilitators to implementation in practice, anticipating real world needs and issues (Oliver, Kothari & Mays, 2019). They can be understood as fairer and more ethically sound ways of producing knowledge (Conklin, Morris & Nolte, 2015). For this project, collaboration was essential for achieving the research aims, notably development of a valid neglect assessment tool usable in practice. The formal collaboration explored in this section was augmented by my regular presentations on neglect to a number of social work and allied professional organisations. These experiences enabled an even greater range of voices on child neglect and its assessment to be heard.

The study was also supported by an advisory group and stakeholder group for the systematic review. The advisory group from Birmingham Children's Trust disbanded after the systematic review, with the project moving to Neath Port Talbot Council. One group comprising members of the stakeholder group and members from Neath Port Talbot Council then continued to advise the project for the sake of simplicity and clarity, as through phases 2 and 3 there was input from a range of additional stakeholders, for example through the Delphi panel and range of focus groups. The group consisted of academics, practitioners, and experts by experience, ensuring a broad membership with a range of standpoints (Crouse Quin, 2014). Membership included more than one expert by experience to avoid tokenism and support feelings of connection (Beresford, 2000). For clarity, this small group was

then named the ‘advisory group’ going forwards, as it continued to offer key advice (Masoud et al., 2021).

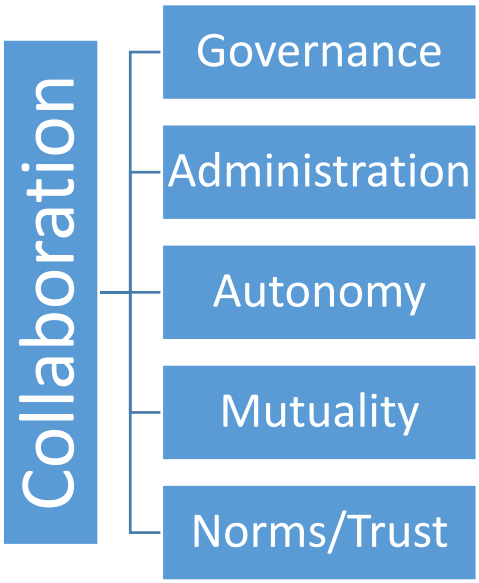
At points small group sessions were held, for example when changing the name of the tool to the *Good Enough Care Assessment Tool* (journal article 4). At other times communication was facilitated via email, with group members asked to comment on key research areas and developments such as the development of the project’s theory of change and changes to the tool itself. Consultation with the advisory group at key times in the research supported a range of knowledge and perspectives to guide the project and the research’s practice relevance (Rhodes et al., 2002). Although the membership did change and there was limited personal contact, the group(s) contributed through all stages of the research project (Masoud et al., 2021; Rhodes et al., 2002).

Awareness of and addressing the potential costs of adopting a collaborative approach was essential for a successful research project. The research process itself had to accommodate the needs and availability of stakeholders and the needs of funding organisations, and this required significant time commitment (Flinders, Wood & Cunningham, 2016; Oliver, Kothari & Mays, 2019). A number of social work research projects have reported access issues, for example Hayes (2005), Hayes and Devaney (2004), and Heptinstall (2000). Gaining access to participants (professionals and service users) in statutory social work can be especially challenging, but can be overlooked as a time-consuming endeavour (Curtis et al., 2004; Hayes, 2005; McGee, 1999). This research project required significant effort to gain access to participants and develop trusting working relationships with gatekeepers, Birmingham’s Children’s Trust and Neath Port Talbot Council as

organisations, individual practitioners, and service users. Formal and informal gatekeepers hold a significant degree of power over gaining access in such private settings (Denscombe, 2002). Existing contacts were used, and new ones were developed, to ensure a diverse and knowledgeable sample with a good range of expertise for research participation, notably for the Delphi study.

There are few evaluations of how co-production can best work, and therefore few recognised effective strategies for its undertaking (Oliver, Kothari & Mays, 2019). Although co-production is now a widespread concept in social sciences research, what it actually constitutes remains contested (Clapton, 2020). Levels of collaboration and co-production range from tokenistic to empowering (Oliver, Kothari & Mays, 2019). In phase 1, Arnstein's (1969) Ladder of Citizen Participation was applied to understand the level of collaboration achieved, but by phases 2 and 3 a more detailed and complex framework was required. A theoretical framework of collaboration was therefore applied to understand its issues and challenges. The 17-factor collaboration model developed by Thomson, Perry and Miller (2009) was chosen due to its applicability and its rigorous empirical grounding. This model depicts collaboration as multi-dimensional; inclusive of administrative, governance, organisational, mutuality, and norms/trust key dimensions. It supported understanding of how collaboration involves both formal and informal interactions, the creation of rules and norms, and development of shared goals and ways of working.

Figure 6.1 Thomson Perry and Miller's (2009) Model of Collaboration



Social work and allied professional organisations such as health can create barriers to access and cooperation in research studies (Hayes, 2005; Ocloo et al., 2021). It was fortunate that practice partners, Birmingham Children's Trust and Neath Port Talbot Council, generally acted cooperatively and invested time and resources into the research project. This supported physical and cognitive access, and consequently the gathering of credible and valuable data (Creswell & Creswell, 2018). At the start of the project, it was important to develop agreement with Birmingham Children's Trust about who would be responsible for which decisions and actions, and about the costs and benefits for each party. This involved a range of initial discussions that were then formalised in research proposals and contractual agreements. These supported progress from agreement to action, and clarity on the steps needed to achieve joint goals (Himmelman, 1996). Regular communication was critical, but progress still took time. At both Birmingham Children's Trust and the University of Birmingham, agreements needed to be approved by senior

management; this added steps for both parties and layers of administration in Thomson, Perry, and Miller's (2009) model.

The collaborative approach adopted worked well for phase 1 with the first main contact and key gatekeeper at Birmingham Children's Trust, a senior manager who supported access and funding. However, when he left the organisation, his replacement was slow to engage and the dimensions of mutuality and trust in Thomson, Perry, and Miller's (2009) model slowly receded. He lacked clarity about Birmingham Children's Trust's role, aims, engagement, and investment in the project, and therefore the timescales for Birmingham Children's Trust and those of the project diverged. The communication from Birmingham Children's Trust became slow and sporadic, with lack of clarity on who was responsible for engagement with the project for phases 2 and 3.

These issues revealed how access can involve agreement in principle, but that it is only when formal approval is given that data gathering can ensue (Hayes, 2005). It became clear that organisational self-interest had taken precedence over collective interest (the research project) and its associated collaborative actions and goals (Thomson, Perry & Miller, 2009; Tschirhart, Christensen & Perry 2005). Goodwill is critical for collaboration, and the goodwill from Birmingham Children's Trust seemed to have faded (Huxham, 1996).

Neath Port Talbot Council, with whom I was working on another project, were initially contacted as a back-up option during the period of delays. For a period of two months, options for collaboration were pursued with both local authorities. However, as trust in Birmingham Children's Trust's desire to engage diminished, a collaboration with Neath Port Talbot Council was actively pursued as the primary

option. A range of steps were required to establish trusting relationships and credibility with key actors in Neath Port Talbot Council, and to ensure they understood the research project and what was being asked of them. Cognitive access - where sufficiently close relationships with participants were formed to gather credible data - was important (Robson & McCartan, 2016; Silverman, 2017). Presentations were given to meetings with management and staff in social work and partner agencies, and meetings were held with influential senior managers in social work, health, and education to explain the project and gain their views. The buy-in of leaders in projects focussed on evidence-based approaches can be of particular importance for effective implementation (Akin et al., 2016).

These issues reflected how gaining access is not a one-off event but an ongoing process within social research, and that gatekeepers need to be consulted and on board at each stage of a study (Hayes, 2005). Collaboration takes the time and resources of both researchers and partners, and can expose vulnerabilities, for example the practice standards of an organisation (Oliver, Kothari & Mays, 2019). Collaboration in this project required patience and significant effort, as well as a restructuring of the PhD timeline.

Persistence was key to success, and it quickly became apparent that the collaborative endeavour with Neath Port Talbot Council was a better fit. The dimensions of mutuality and trust in Thomson, Perry, and Miller's (2009) model were quickly established. Shared views on the project's key aims and focus of the tool, including the need to focus on wider social inequalities, were established early on. Within Thomson, Perry, and Miller's model, both parties agreed on the key goals of the research collaboration, looked to achieve win-win situations, and respected each

other's endeavours. The key ingredients for collaboration of trust, reciprocity, and reputation were established and then cultivated (Ostrom, 1998; Thomson, Perry & Miller, 2009). There was a mutual understanding that this was an important project and that both parties needed each other to make progress (Oliver, Kothari & Mays, 2019).

The application of Thomson, Perry, and Miller's (2009) model supported evaluation of the costs and benefits to all parties of a joint research project, and a cautious approach to collaboration. It entailed recognition of the creative tensions between academia and practice, and reassurance that such tensions are not unusual in collaborative arrangements. Productive collaboration with Neath Port Talbot Council incorporated high levels of agreement on research practicalities and aims, but also enough creative tension to promote dynamism and harnessing of latent creative energies. For Thomson, Perry, and Miller this is critical for mutuality and for exchange relationships to be achieved. For this research the exchange incorporated expertise, time, and innovative ideas from the research team and access, finance, and skilled practitioners from Birmingham Children's Trust and Neath Port Talbot Council.

The methodological choices and research design took the challenges collaboration can pose into account, but the steps taken to avoid delays were only partially successful. These included firstly identifying organisational benefits of the research with Birmingham Children's Trust and Neath Port Talbot Council: enabling better assessments and practice, and supporting them to address the problematic area of child neglect. Secondly, ensuring clarity on the purpose of the research and its associated phases. Thirdly, establishing credibility as the research project

progressed through collaboration, honesty, transparency, and delivering on what was promised. Fourthly, allocating reasonable timescales for engagement from staff and experts by experience in the PhD timeline and acting flexibly to support people's participation. Finally, always taking the time to discuss any concerns or questions with those involved, recognising that the direction of the research may not have accorded with the values of all stakeholders at all junctures (Creswell & Creswell, 2018; Ruane, 2005; Stalker et al., 2004).

Collaboration arguably improved the quality of this research project and a more holistic epistemological and ontological understanding of measuring neglect for the research but also for Neath Port Talbot Council in particular (Liabo & Stewart, 2012; Oliver, Kothari & Mays, 2019). This was aided by providing training to their practitioners on neglect and the tool, and engagement with their consultant social workers, who acted as conduits for the project into their teams (Akin et al., 2016). Collaboration promoted the research's impact in practice and a more inclusive and ethically sound research project (Conklin, Morris & Nolte, 2015). Further, the political aim of empowering and including a range of voices, including those often marginalised in evidence-based approaches, was a notable achievement (Oliver, Kothari & Mays, 2019).

Inclusion of the views of parents with experience of social work intervention for (suspected) neglect in the development of a tool to be used by statutory agencies was important, and innovative. Its importance was only underscored by their regular exclusion within practice debates, practice itself, and by a public discourse that can be deeply stigmatising about them as parents and people (Clapton, 2020). The collaboration with diverse groups and voices throughout the project increased the

legitimacy of the tool itself (Cash & Wilke, 2003). However, it was vital for practice partners and stakeholders to feed into the research project, rather than steering its overall direction. Collaborative processes can lead to research projects that lack originality and make limited contribution to the research literature if researchers are asked to answer unoriginal research questions (Flinders, Wood & Cunningham, 2016; Oliver, Kothari & Mays, 2019).

6.4 Ethical Considerations

Ethical research should combine the desire to act ethically with the procedures to achieve this, informed by relevant ethics codes and guidelines (Fisher, 2003). This research project has been conducted in accordance with Butler's (2002) 'Code of ethics for social work and social care research', with the Joint University Council Social Work Education Committee's (JUCSWEC) (2008) 'Code of ethics for social work and social care research', and with the University of Birmingham's (2020) 'Code of practice for research'. Full ethical approval was gained for the Delphi study, the survey of children and families social workers' views on assessing child neglect and the pilot study (please refer to appendix 2 for approvals: ERN_21-0041 and ERN_22-0346). At all stages, full consideration has been given to participants' wellbeing and human rights, as well as to my ability to competently complete the research to a high standard (D'Cruz & Jones, 2004). A reflexive stance has been maintained about this research's capacity to do harm as well as good, respecting the principle of nonmaleficence, while promoting its beneficence through a collaborative and rigorous research approach (Hardwick & Worsley, 2011).

It has been important to maintain ethical awareness and reflection upon the influences of power, inequality, and dominant societal and practice narratives on

child neglect and how it is constructed, supported by the chosen theoretical framework of social harm. “At all stages of the research process…social work and social care researchers have a duty to maintain an active, personal and disciplinary ethical awareness…” (Butler, 2002, p.245). This has included reflecting on the values I hold around neglect. For example, my understanding of the strong links between poverty and neglect could have led to a measurement tool focussed too heavily on these. It has been vital to genuinely listen to the views of my supervisors and research participants to ensure a balanced approach to the tool’s development. Such a reflexive approach is “a prerequisite for allowing the complexity of social situations to emerge in all types of social work research” (Hardwick & Worsley, 2011, p.46).

This research has emphasised service and practitioner collaboration throughout, in order to mobilise social work values (Uttley & Montgomery, 2017). Trust, as well as consistent alertness to the wellbeing of participants, has been key to this (Smith, 2009). The approach adopted to participant involvement has looked to respect their right to withdraw, transparency around how involvement may impact service provision for them, and the central role of genuinely informed consent (JUSCWEC, 2008). This has been especially important for the experts by experience, and it was made clear to them that participation would not affect professional involvement with their family; so, their case would not be dropped if they participated and there would be no increased professional scrutiny if they withdrew.

Clear information and consent forms were produced for all participants for the Delphi and pilot studies, with separate versions for experts by experience and practitioners/academics (please see appendices 6 and 7). These were tested for readability and accessible language, using an online Flesch Kincaid calculator

(O'Sullivan et al., 2020). They were provided to participants at least two weeks prior to the pre-Delphi focus groups and to the start of the Delphi rounds, so they had time to fully consider their participation and seek advice if needed. These forms set out the purpose of the research, processes involved, how participation was voluntary, and commitment to anonymity and confidentiality. For the Delphi surveys, the forms explained that participants had the right to withdraw from the research at any point until two weeks after participating in the first survey, and that there would be no consequences for withdrawing. For the pilot phase, the forms were provided two weeks before piloting commenced. Participating practitioners were assured that participation or refusal would not affect career progression or professional development choices. Families were assured that their participation or refusal would have no effect on receipt of services, either currently or in the future. The participating practitioners administered the forms to the families in this phase.

These steps met the Social Research Association's definition of informed consent as "…a procedure for ensuring that research participants understand what is being done to them, the limits to their participation and awareness of any potential risks…" (Social Research Association, 2003, p.28). It can be difficult to ensure fully informed consent at the start of research endeavours, as it can be challenging to predict what, and the extent of, information that will be shared (Fisher & Anushko, 2008). Informed consent was therefore revisited with expert by experience participants both at the start and end of their pre-Delphi focus group.

For all the pre-Delphi focus groups, several stages were enacted to provide information and mitigate the chances of psychological distress. A focus group for experts by experience was facilitated separately from practitioners and academics,

mindful of the potential clashes of views and values. Participants were contacted pre- and post-focus groups and they were provided with my contact details to make contact if required. The gathering of non-sensitive information was emphasised, but participants were closely monitored to check if they were distressed by the topics being discussed:

- During recruitment. Respondents were offered a consent form to voluntarily sign, which included a statement acknowledging that participation was voluntary.
- Immediately pre-focus group. Participants were contacted via email and offered an opportunity to discuss consent, participation, withdrawal, and any questions pertaining to the study.
- During focus group. Distress signals were monitored. If any signs of distress/discomfort had become apparent, confirmation of consent would have been sought from the participant to continue in the study. Participants were given the option to ‘prefer not to say’ or to be ‘skipped’ if they preferred not to respond to a particular question(s).
- Post-focus group. Participants were contacted, discussing withdrawal options and any follow-up support that might be necessary.

Regular contact was maintained with the participating practitioners during the piloting phase, with a view to minimising any distress to them or families while piloting the GECAT. Participating practitioners and families were able to withdraw at any point during the piloting phase. The practitioners were offered supervision through their organisation in line with normal procedure. Participating practitioners were asked to provide families with a debrief sheet that contained information on local

support services, including support through social care, mental health services, counselling, and out of hours GP services.

Children and families social work is a sensitive and stigmatising area, so anonymising data was important (Gibson, 2019b; Munro, 2020). Focus group and piloting data were anonymised and all data were handled securely, in line with the University of Birmingham's data security systems. Recordings from the focus groups were encrypted and held on the Birmingham Environment for Academic Research (BEAR) system, with access restricted to the research team. This approach ensured the confidentiality of the processes of data collection and management.

6.5 Strengths of This Study

As has been argued through this thesis so far, rigorous research findings and up-to-date knowledge should inform understanding of complex social problems such as child neglect, their determinants, and their impacts (Sheldon & Chilvers, 2000). This research has been conducted to a high standard, producing clear and rigorous findings and a practice-relevant assessment tool to support professional judgements in the field. The methods employed have promoted respect for the research warrant: the claims made from this research are warranted, based within the data, and have been clearly articulated and disseminated (Gorard, 2013). The methods have reduced bias and ensured that the answers to the research questions were based in empirical data (Blaikie & Priest, 2109; Gorard, 2013); which is critical for the development of a tool acceptable for policy makers, professionals, and families.

The multi-phase research design has enabled integration of qualitative and quantitative data for a more complete understanding of neglect assessment (Creswell & Plano Clark, 2018). As Blaikie and Priest (2019) propose, "it is the

comparison of data produced in different ways that is of the greatest value" (p.216). This has been essential, as the development of effective measures "…is arguably one of the most important and difficult tasks in social work research" (Perron & Gillespie, 2015, p.1). This has been augmented by searching extensively for, and analysing, other short and focussed social work measurement and assessment tools, both from the children and families and from the adults' fields. For example, guidance for the Barthel Index (Collin et al., 1988) and Community Indicator of Relative Need (Scottish Government, 2015), both used by adults' social work, were looked at to develop guidance for this thesis' tool.

Evidence-based approaches encourage critical appraisal not just of research methodologies, but also of how issues are defined (Gambrill, 2010). Timely reflection and decisions on operational definitions of child neglect and its constituent dimensions promoted clarity in the development of the tool, with a clear understanding of what neglect is and what it is not guiding thinking and actions. A key critique of evidence-based practice is that it needs to see research evidence as provisional and evolving (Webb, 2001). Keeping this idea in mind has supported a humble approach to tool development, seeing the development as a work in progress and regularly questioning its usability and impacts in practice. It was important to remember that "It is not a sign of individual weakness or lack of commitment that most practitioners…are unable to keep abreast of research trends…" (Macdonald, 1998, p.81). The links in the GECAT to research looked to support with this key issue.

Although the collaborative approach adopted posed challenges, it has ensured a research project that has combined rigour with practice relevance (Fisher &

Anushko, 2008; Preston-Shoot, 2007); respecting the conception of evidence-based practice as supporting sound professional judgement through building on practitioners and service users' knowledge and expertise with clear research findings (Edmond et al., 2006; Gambrill, 2006; Straus et al., 2005). It has respected the critique of evidence-based practice that social work requires for evidence to be contextualised in practice (Okpych & Yu, 2014; Wastell & White, 2012). Furthermore, the application of a social harm perspective has enabled important social and practice contexts to be considered and reflected upon.

The multi-agency focus of the research project has been important for development of a tool useful for families where neglect is an issue, through supporting joined-up multi-agency assessments and thinking. This has also been timely, given the *Independent Review of Children's Social Care's* emphasis on developing and expecting better multi-agency working to support children and their families, evidence-based practice and a more knowledgeable, confident, and empowered workforce (MacAlister, 2022). Further, a multi-agency focus is relevant in light of the most recent review of serious case reviews in England, which identified the need for professionals across all services to be using a specific neglect assessment tool (Dickens et al., 2022).

The involvement of experts by experience has been essential for development of a tool that views the aetiology of neglect as social, and aims to be supportive for children and their families (Turner & Beresford, 2005). The valuing of their experiential knowledge in a tool to be used in statutory settings constitutes a degree of innovation, and contributes to a growing body of critical research into children and families social work (Featherstone et al. 2018; Haworth et al., 2022b). The voices of

the experts by experience had so often been marginalised within their encounters with social workers and other professionals (Dale, 2004; Tobis, 2013), but made a significant contribution to the tool's development. This included ensuring a clear focus on social justice and family inclusion in the assessment process. In these ways, this research has worked towards some emancipatory goals and has been genuinely inclusive of key social work values (Hardwick & Worsley, 2011), while looking to critical theory's ideas of positive social change (Held, 1989).

6.6 Other Methodological Options

The development of tools and measures remains an underdeveloped research area in social work compared to other disciplines such as medicine (Perron & Gillespie, 2015). Therefore, methodological developments remain similarly underdeveloped and less considered (DeCarlo, 2018). This study could have employed different methodologies and been based on different ontological and epistemological foundations. For example, from an interpretivist stance, in-depth interviews with experts analysed through grounded analysis could have been used to develop items for the tool, as employed by Regehr, Bogo and Regehr (2011). Alternatively, a panel of expert practitioners (with use of case vignettes to support their thinking) could have been employed for the tool's development, as utilised by Trocme (1996) and more widely in the medical field. Or the tool could have been developed based on the research team's informed views, reviewed by practitioners and then field tested, as employed by Arimoto and Tadaka (2019).

From a social constructionist stance, the social construction of child neglect could have been explored with a stakeholder group of practitioners and families looking to develop a deeper understanding of neglect, how it is constructed through

discourse and within socio-cultural contexts, and the emotions it engenders (Hammersley, 2013; Silverman, 2017). Reflexivity would have been important, reflecting on both the processes by which the concept of child neglect is generated and on my role and identity as the researcher (Gilbert, 2008). A tool could have then been developed from the analysis of this rich data set. Prior to such exploration and analysis, a qualitative meta-synthesis could have been undertaken rather than a systematic review, offering the possibility of knowing more fully and deeply the complex social phenomenon that is child neglect (Zimmer, 2006). This may have offered an insight into the complexities of measuring neglect, and into the debates that rage in this area (Thorne, 2017).

However, although offering some strengths, these options would have arguably introduced greater potential for bias and errors of omission, where necessary data are not collected and analysed. These are key considerations for tool and measurement development (Perron & Gillespie, 2015). Further, these alternative options would have arguably lacked the rigour this study has maintained, and would have not secured the broad data set that this research has gathered and analysed. Indeed, they would have all tended towards individual discourses on the social phenomenon of child neglect, potentially turning what this thesis views as a social issue into a private matter (Hammersley, 2013). Finally, these options would have not gained the range of expert opinions this study has, notably the opinions of experts by experience. Further potential methodological options are discussed in section 11.6 of the concluding chapter of this thesis, notably future research avenues for exploring the gendered concept of care and the narratives of those who have been neglected.

6.7 Limitations of This Study

This study's methodological choices present limitations. It is ethically important to carry out any research study to the highest standards and recognise limitations in expertise (Gorard, 2013). This research project has employed a relatively complex mixed methods and multi-phase design. Although the research has therefore necessitated learning a number of new concepts, ways of working, and research techniques, it has been a rewarding undertaking; and high standards of research practice have been maintained with my supervisors' support.

It has been necessary to analyse a complex data set, which could have potentially led to missing smaller details within the data (Bryman, 2014). The adoption of a systematic approach to analysis throughout has been critical (Gorard, 2013). From an evidence-based perspective, the study design could be criticised for being small-scale, with non-random samples, raising questions about the transferability or the generalisability of its findings (Bryman, 2014; Sheldon & Chilvers, 2000). Quite restrictive population, intervention, comparison and outcomes (PICO) elements and subsequent inclusion criteria were chosen for the systematic review, which focussed on neglect and not on wider maltreatment. This led to the inclusion of only four studies (all from North America), presenting limitations and questions about the generalisability of the review's findings.

The issue of generalisability raises another challenge. The tool may have been assessed as valid and reliable in the pilot phase with a range of multi-agency practitioners and families, but what applies to the group mean does not necessarily apply to a given individual, raising the potential of falling into the ecological fallacy trap (Grenness, 2012). The tool may be used in practice with a family where the key

constructs do not apply, potentially due to cultural issues, leading to an unfair or unbalanced assessment. As discussed, the stakes are high for families when social work and partner agencies become involved, so the consequences could be significant.

The evidence-based approach adopted has gone against the dominant UK social work research qualitative and interpretivist paradigms and the dominant UK practice authority-based paradigm. Although evidence-based approaches are being promoted at a policy level, this does not mean all policy makers or organisational leaders support this agenda (Aarons & Palinkas, 2007; Austin, Dal Santo & Lee, 2012). Only limited numbers of social workers engage in evidence-based practice in the UK. The use of the tool in multi-agency settings with health and education professionals may mitigate uptake issues to a certain degree, as both professions have more established engagement with evidence-based practice. Having said this, health and education practitioners' engagement with evidence-based practice continues to be inconsistent (Boswell & Cannon, 2022; Cain, 2015).

Questions therefore remain as to how this research will be received and adopted in wider practice (Parrish & Rubin, 2012; Pope et al., 2011). However, research suggests that practitioners are amenable to evidence-based practice if engaged in implementation and training, and this research has adopted a collaborative approach at all stages (Aarons & Palinkas, 2007; Parrish & Rubin, 2012). Furthermore, interest in the GECAT has been encouraged through engaging with practice partners, Birmingham Children's Trust and Neath Port Talbot Council, at the individual, team, and organisational levels.

At times during the research there was a disconnect between what practitioners saw as evidence and what I, as a budding empirical researcher, view as valid evidence. This was demonstrated most clearly when presenting to managers, social workers, and their multi-agency colleagues at Birmingham Children's Trust that popular neglect measurement tools, such as the Graded Care Profile, lacked a rigorous evidence-base. Some found this confusing and almost discourteous, their views being that it had worked for them in practice. This raises questions of whether this research project has been genuinely understood in practice, or whether a shared understanding has been developed with those in practice. I believe that the answer to both is yes, but of course I cannot be certain. I also remain committed to promoting practice rooted in rigorous evidence. There remain valid questions as to whether the methodological choices have been more suited to a PhD than to the everyday realities of social work practice.

Finally, the research has not actively sought the views of children and young people themselves. The voices of children and young people are often marginalised in social work research (Akerlund & Gottzen, 2017; Cousins & Milner, 2007). Their voices were not included for reasons of what was achievable in a PhD research project and the complex ethical issues involved in gaining their true voices.

6.7 Summary

This chapter has discussed how this research has been conducted collaboratively with practitioners, experts by experience, and other academics, as well as the benefits and challenges of this collaboration. It has reflected on ethical issues, including the importance of ethically-aware research practice and of adherence to pertinent codes of ethics. It has discussed both strengths and

limitations of this study's methodological choices and processes. This chapter suggests that, through its rigorous methodology and development of a practice-relevant child neglect assessment tool, this study adds to the arguments for evidence-based practice in children and families social work. The four academic journal articles of this thesis follow this chapter.

7 Journal Article 1: A Systematic Review of Measures of Child Neglect (pagination: p. 185)

Journal article 1 describes and discusses the systematic review of measures of child neglect. It went through a rigorous reviewing process for Research on Social Work Practice, which led to improvements in the article. It received a 4* Research Excellence Framework grading from the University of Birmingham School of Social Policy's Reading Panel (appendix 4).

The review broadly followed guidance from the Cochrane Collaboration, but adapted to the field of social work. Once duplicates had been removed, 5,109 records were reviewed. From these records, only four met the inclusion criteria. These articles were focussed on the Child Neglect Index and modifications of the Maltreatment Classification System. The review found a dearth of suitable tools for measuring child neglect. It recommended that tools need to be robustly tested in social work settings to satisfy the criteria of validity, reliability, and practice/clinical utility.

The review revealed key findings about current child neglect assessment tools and key issues in child neglect assessment to inform the next stage of the research project, the Delphi study.

Research on Social Work Practice

A Systematic Review of Measures of Child Neglect

Simon Haworth, Jason Schaub, Elaine Kidney, and Paul Montgomery

Abstract

Purpose: Child neglect is prevalent in children's social work and assessing neglect is complex because it is multi-faceted and opaque. This systematic review identifies and evaluates evidence of tools or measures to better assess child neglect.

Methods: Informed by Cochrane methodology and adapted to the needs of social work practice, a systematic search and review of measures of child neglect was undertaken. Ten databases were searched, augmented by grey literature, and contact with relevant experts.

Results: Only two measures, the Child Neglect Index (CNI) and modifications of the Maltreatment Classification System (MCS), met the inclusion criteria. Neither tool was completely comprehensive for child neglect.

Discussion: Our findings indicate a) a dearth of suitable tools to measure neglect and b) the need for robust testing of neglect measures in the social work setting. The current evidence base on measuring child neglect is too limited to effectively inform policy and practice.

Keywords: systematic review, child neglect, measurement, evidence-based practice, assessment

A Systematic Review of Measures of Child Neglect

Child neglect is prevalent across all societies and can cause long-lasting and significant harm for children and young people (Daniel, 2015; Daniel et al., 2010; English et al., 2005; Horwath, 2013; Moran, 2009; Stevenson, 2007). Neglect is often defined as unmet need (Daniel, 2015). However, a variety of more sophisticated definitions have been developed within professional practice and academia. Without clarity on the definition of a concept like neglect, precise and accurate measurement is difficult to achieve (Perron & Gillespie, 2015).

Neglect incorporates a variety of experiences for children and young people ranging from lack of supervision to extreme deprivation. It is widely recognized that experiencing neglect during childhood can increase the risk of negative health, and of negative emotional and social outcomes later in life (Corby et al., 2012; Horwath, 2007; Howe, 2005; Radford, 2011). Neglect raises issues for the helping professions in terms of identification, assessment, and support (Brandon et al., 2009; Daniel et al., 2010; Horwath, 2007). Despite this, there has been limited research into neglect compared to other forms of child abuse (Daniel et al., 2011; Dubowitz, 2007; McSherry, 2007; Mulder et al., 2018).

A number of authors have raised concerns related to the significant limitations and imprecision of the evidence base around neglect (Barlow & Schrader-Macmillan, 2010; Horwath, 2013; Moran, 2009; Morrongiello & Cox, 2020; Mulder et al., 2018). Although evidence-based high-quality measurement tools are important for measuring abuse and neglect, there are currently no gold standards for the measurement of child neglect or abuse (Bailhache et al., 2013).

In this paper, which has been co-produced with an advisory group of relevant stakeholders, we present a systematic review of neglect measurement tools for children's social work. Although we focused on measures of neglect, we recognize that risk assessments

of potential neglect are also commonly undertaken in practice (De Bortoli et al., 2017; Mulder et al., 2018).

Background and Significance

Research into maltreatment has been criticized for lacking methodological rigor, imprecise definitions, and inadequate measurement strategies (Manly, 2005), issues that have been linked to its complexity and definitional challenges (Gershater-Molko et al., 2003). There has been a notable lack of research into assessing neglectful parenting, likely influencing the tendency of practitioners to rely on subjective judgements as opposed to evidence-based measures (Hines et al., 2006; Morrongiello & Cox, 2020; Stewart et al., 2015). The extent, impacts, and costs of neglect merit greater attention and scientifically rigorous research (Dubowitz et al., 2005; Horwath, 2013).

Definitions and Complexity of Child Neglect

There are clear issues in defining neglect in both scholarship and professional practice. Whilst abuse is typically identified as an act, neglect is often correlated with omission (English et al., 2005; Moran, 2009), and as such is frequently dichotomised (Sullivan, 2000). Neglect is now understood as a heterogeneous concept and phenomenon, inclusive of a variety of (in)experiences for children and young people (Dubowitz et al., 2005; Horwath, 2013). It has been described as the most subjective of all legally recognized concepts in child welfare (Dubowitz et al., 2005; Zuravin, 1999), which occurs on a continuum with varying frequency and types (Helm, 2010; Higgins & McCabe, 2001; Mennen et al., 2010; Slack et al., 2003).

The scope of neglect, whether it should incorporate both potential and actual harm or just the latter, is debated (Horwath, 2007; Zuravin, 1999). Debates continue around whether definitions should rely on children's basic needs not being met from their perspectives or parental omissions in care (Dubowitz et al., 2005). The concept of neglect is contested and open to significant interpretation in academia and practice (Dubowitz et al., 2004). It is an expansive concept where additional dimensions could be included until it becomes too

complex to effectively measure. These issues are important in light of the longstanding issues of accuracy in assessments of neglect (Daniel et al., 2011; Horwath, 2013; Taylor, 2017).

For this review we have used the operational definition of neglect adopted by the UK government in their *Working Together to Safeguard Children* (2018) guidance which 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" (Department for Education [DfE], 2018a, p. 105). Although operational definitions of neglect vary due to factors such as social and cultural influences, definitions in Western countries such as the USA, Australia and Canada have distinct similarities, for example all refer to parental failure to meet a child's needs (Horwath, 2013). The USA federal legislation provides guidance on child neglect, but definitions are state specific (Horwath, 2013; Child Welfare Information Gateway, 2019).

Prevalence of Child Neglect

It is often difficult to accurately determine the prevalence of neglect (Daniel et al., 2014; Moran, 2009). One proxy for prevalence is the harm category given to cases deemed to meet the threshold of significant harm. These harm categories are neglect and physical, sexual, and emotional abuse (DfE, 2018b). As of the 31st of March 2021, there were 50,010 children subject to a child protection plan in England and Wales, and neglect accounted for 52% of initial child protection plans (DfE, 2021).

While international comparisons of neglect data are difficult (May-Chahal & Cawson, 2005), similarly high levels can be found in countries such as the USA, Canada, and the Netherlands (Euser et al., 2010; Stoltenborgh et al., 2015; Trocme et al., 2003). In the USA, neglect accounts for 75% of initial referrals to child protective services (CPS) and for the majority of recurrent maltreatment reports (Bae et al., 2010; Jonson-Reid et al., 2019; U.S.

Department of Health & Human Services, 2021). It is important to note that the UK and USA figures quoted should be compared with caution, as like-for-like data is not available.

Existing Social Work Assessments of Child Neglect

As discussed, there is currently no gold standard for measurement of child neglect (Bailhache et al., 2013). A global systematic review for the National Institute for Health and Care Excellence (NICE) guidelines for child abuse and neglect failed to find any high-quality evidence for the predictive validity of any tools for identifying neglect (NICE, 2017).

In the absence of clear standards and effective tools, assessments can be subjective, with practitioners setting their own criteria for what is neglectful (Daniel et al., 2010; Stokes & Taylor, 2014; Sullivan, 2000). Neglectful care can be difficult to capture as a static picture within assessments due to a variety of interlocking issues, which include breakdowns in social relationships, inconsistent levels of care, variable impacts of neglect on children, and social workers acting on partial information (Horwath, 2007; Jones et al., 2006; Lacharite, 2014).

Assessment of neglect is complicated by the role of wider social and political contexts. The roles of social harms, such as poverty and insecure housing, should arguably influence what we define as neglect and where responsibility lies. Chronic neglect often involves families facing a wide range of social harms, including socioeconomic disadvantage (Chambers & Potter, 2009; Dufour, 2008). For assessments of neglect to be thorough, an evidence-based approach to systematically construct a layered social reality attentive to these interlocking issues is required (Helm, 2010; McNaughton, 2009; Sayer, 2000), while maintaining a focus on the child (Department of Health [DoH], 2000; Dyke, 2019). Further, presence, absence, and levels of all neglect categories need to be given full consideration. As with broader social work, effective assessments should be collaborative with families (O'Brien, 2004).

The evidence from research and serious case reviews shows that social work assessments can range from good to flawed (Barlow et al., 2010; Dorsey et al., 2008; Macdonald et al., 2017). Assessments are only as good as the workers completing them and as the support they receive in terms of evidence, research, and training (Milner et al., 2015).

Even with these challenges, a thorough social work assessment remains the best tool available in the field (Holland, 2010; Milner et al., 2015; Taylor, 2017), and high-quality assessments are the cornerstone of good practice (Munro, 2020). They are completed by qualified professionals in accordance with government laws and policies (Holland, 2010; Munro, 2020). This study's advisory group and existing guidelines indicated that these continue to be the best and most commonly used tools in practice (Boyd Webb, 2019; DfE, 2018a; DoH, 2000; National Association of Social Workers [NASW]; 2013). Good social work assessments can capture the child within their environment, the feasibility of change and the support required to effect such change (Milner et al., 2015).

Measuring Neglect

The lack of clarity in defining neglect leads to challenges in how to measure or quantify it (Dubowitz et al., 2005). However, well-developed tools and frameworks can support more accurate and holistic assessments, and counter significant sources of bias within assessments and decision-making (Barlow et al., 2010; Parker, 2020). Such tools can be intelligently utilized to inform sound professional judgements (Barlow et al., 2010), enabling a balance between intuitive and analytical reasoning (Munro, 2020).

For neglect, there are four main fundamental assessment elements (Daniel et al., 2011; Horwath, 2013; Jones et al., 2006):

- assessment of actual neglect, including types, frequency, severity, and chronicity
- assessment of family circumstances, including risk and protective factors
- assessment of risk of further neglect, including prospects for change
- how best to meet the child's needs

This systematic review focuses on tools to assess actual neglect. Predictive tools have clear limitations for neglect. They are not considered good predictors of neglect in a range of both US and UK studies (Logan-Greene & Semanchin Jones, 2018; Semanchin Jones & Logan-Greene, 2016; Taylor et al., 2008). There are multiple and fluctuating individual, familial,

community, and societal risk factors for neglect that are nigh on impossible to capture effectively in a predictive tool, while some risk factors can also be consequences of abuse, leading to a further level of complexity and confusion for accurate prediction (Brandon et al., 2014; Lacharite, 2014; Mulder et al., 2018; NICE, 2017).

Existing Reviews of Neglect Measures

Extant reviews of neglect measures have not considered neglect in isolation or have only considered parent/caregiver reports (Daniel et al., 2010; Saini et al., 2019; Yoon et al., 2021a, 2021b). Research into child maltreatment measures has raised concerns around validity, reliability, and usability of tools and the quality of the research undertaken. Yoon et al. (2021a) raised concerns about the validity of child maltreatment measures, stating that the current evidence base is not sufficient. Vial (2020) found that further research is required on the validity, reliability, and usability of child safety assessment instruments, and that an evidence-based approach to measure development is required. Saini et al. (2019) found significant variation in approaches to measure child abuse and in methodologies employed.

The Present Study

This systematic review's evaluation of the evidence of tools or measures for social work assessments of child neglect therefore helps fill a key gap. We compared and evaluated these tools against the gold standard of an assessment by a qualified children's social worker or by an assessor working within children's social work (DoH, 2000; Leveille & Chamberland, 2010). The choice of this gold standard is discussed in the section entitled 'The Gold Standard for this Review'.

A revised version of Horwath's (2007) neglect typology has been used for this review in line with our advisory group's advice:

- emotional
- medical
- physical

- educational
- lack of supervision and guidance
- social

It was developed from a review of other relevant definitions, has a logical delineation into comprehensible neglect categories and offers a comprehensive understanding of neglect. It has been adopted in the UK by organisations such as Action for Children. Social neglect has been added to the typology, which involves parents/carers failing to meet a child's social needs for close bonds and relationships, friendships, and social adaptation. It can be understood to play a role in all types of neglect (Horwath, 2013).

The adopted typology is visually represented in our theory of change diagram (Figure 1), which depicts an outline of children's basic needs, categories of neglect, risk, and protective factors. Developed from the review's neglect typology, consultation with the advisory group and a review of literature on children's needs and neglect, it provides the framework to guide this review. Its simplicity, clarity, and focus on the range of factors influencing neglect fit well with our project's ethos and purpose, and are key features of theories of change (Taplin & Clark, 2012).

Munro (2020) has proposed that in order to practice effectively, social workers need a formal knowledge base, value base, set of reasoning skills, emotional wisdom, and practice wisdom. Instead of these complicated knowledges and skills, social workers tend to rely on practice wisdom (a combination of everyday skills and wisdom enriched through experience and training) in their assessments (Crisp et al., 2007; Munro, 2020). This study addresses this gap between knowledge and practice actuality by adding to the formal knowledge base for neglect to support practitioners to undertake more focused, evidence-based, and informed assessments.

Method

This review has broadly followed guidance from the Cochrane Collaboration (Higgins

et al., 2020). Compared to many medical conditions, however, neglect is a complex phenomenon (Horwath, 2013). Therefore, our approach has been adapted to the field of social work by deeper exploration of the "target condition" and acceptance of a greater range of study types, in light of the evidence base. In line with recent methods' developments, this study includes emphasis on service and practitioner collaboration to mobilize social work values throughout the review (Uttley & Montgomery, 2017).

A review protocol was registered with PROSPERO by Haworth et al. (2020).

Search Strategies and Procedure

A systematic search of national and international, clinical and academic, single index and multi-dimensional measures of child neglect was undertaken. Measures were defined as those concerned with the extent, frequency, chronicity, or severity of neglect as well as those with a focus on its impact on, harm to, and significance for the child.

We searched relevant multidisciplinary and science/social science electronic databases, search engines, and grey literature. This strategy decreased publication bias (Burdett et al., 2003; McFadden et al., 2015). Searches were tailored according to the scope of each database.

The following databases and platforms were searched originally between June and August 2020, with an updating search completed between March and June 2021:

Bibliographic Databases

- ProQuest ASSIA (1987-)
- Ovid MEDLINE (1946-)
- Ovid PsycINFO (1806-)
- SCIE Social Care Online
- ProQuest Sociological Abstracts (1952-)
- ProQuest Social Services Abstracts (1979-)
- Web of Science: Social Science Citation Index (SSCI) (1900-)

- EBSCOhost ERIC (Educational Information Resources Centre) (all available years)
- EBSCOhost CINAHL (Cumulative Index Nursing and Allied Health) (1981-)
- Prospero https://www.crd.york.ac.uk/prospero/#searchadvance

Grey Literature

- OpenGrey

Theses and dissertation databases

- ProQuest Dissertations & Theses Global
- DART- Europe E-Theses Portal
- EThOS- the British Libraries e-theses online service
- Networked Digital Library of Theses and Dissertations (NDLTD)
- Open Access Theses and Dissertations

Other resources

- Key websites were searched directly (DoE, Children's Society, NSPCC)

Handsearching was undertaken to identify additional literature. Relevant email alert services were used to identify newly published literature. New and unpublished trials were searched for in ClinicalTrials.gov and through contact with key authors in the fields of measurement tools in social work and neglect.

The original search terms can be found in our registered protocol. Additional relevant keywords identified during the searches were incorporated within a modified search strategy. A list of named instruments identified through a preliminary scoping search were included, and instruments identified through the review process were appended to the search. Information on these modifications and the number of studies identified in each search can be obtained from Simon Haworth).

Criteria for Considering Studies for this Review

Prior to starting the search, inclusion and exclusion criteria were determined as follows:

Population: Children 0-18 years old referred to children's social work services, and parents or caregivers of these children.

Dates of studies: No limits set.

Language of the studies: No restrictions applied. We only reviewed studies in English (due to resource/time constraints). Studies in other languages that may be relevant have been listed.

Tools or measures: Tools must have been designed for children aged 0-18, with suspected neglect who have been referred to children's social work services, or for the children's parents or carers. The tool had to ascertain at least one form of child neglect. Screening tests were not assessed, because the evidence, although weak, suggests unacceptably high false positives (McTavish et al., 2020). For further details on this criterion please refer to the study protocol.

Evidence included: No restriction was set on the type of study; published and unpublished material was reviewed. For evidence of diagnostic accuracy, only cross-sectional studies, and index or test measures involving the target population with a contemporaneous (+/- 3 weeks) comparison of a (gold standard) social work assessment were included. All included studies were quality-assessed against this criterion.

Studies that did not meet the inclusion criteria were excluded. They fell into one of the following categories:

- no comparison with the gold standard of a social work assessment
- no child neglect
- not a tool or measure for child neglect
- wrong setting (for example a medical setting)
- wrong population (for example tool used retrospectively with adults)
- assessment of future risk not current measurement of neglect
- small sample size (less than 10 subjects)

Because of a paucity of studies, we modified our protocol to include measures with retrospective comparisons with a social work assessment.

The Gold Standard for this Review

We compared and evaluated tools against the gold standard of an assessment by a qualified children's social worker or assessor working within children's social work.

Social work assessments can be of variable quality. However, as discussed, a thorough social work assessment remains the best tool available in the field, and these assessments are completed by trained professionals, in line with government laws and policies, and subject to quality control mechanisms (Dubowitz et al., 2005; Holland, 2010; Munro, 2020). The advisory group to this study and existing guidelines indicated that these remain the best and most commonly used tools currently in practice; offering comprehensive and holistic assessments of people within their environments (Boyd Webb, 2019; DfE, 2018a; DoH, 2000; NASW, 2013).

Social workers are the lead professionals that identify and intervene in child neglect, both in the UK and North America (where the included studies were conducted) (Horwath, 2013; Stevenson, 2007). Social work is a key profession that engages with neglect in many countries globally (UNICEF, 2021; World Health Organization [WHO], 2020). In the UK and US, undertaking high-quality informed and holistic assessment focused on people in their environments is a key competency for practice (British Association of Social Workers [BASW], 2022; NASW, 2013).

A range of established and validated measurement tools have been tested against the gold standard of clinical and professional assessments completed in the field in a range of countries and settings. This includes the Beck Depression Inventory (I & II) (Gomes-Oliveira et al., 2012; Wang & Gorenstein, 2013; Williams et al., 2021); the Child Behavior Checklist (Ebesutani et al., 2010; Nakamura et al., 2009; Skarphedinsson et al., 2021) and the Children's Depression Inventory (de la Vega et al., 2016; Sorensen et al., 2005; Wu et al., 2010).

Social work assessments have been used as a comparator for validation in other

studies. This includes King et al. (2013), who compared a structured assessment tool with social work assessments, Smith et al. (2015), who used social work assessments as comparators in the development of a screening tool, and Flood et al. (2005), who used assessments by social workers as a comparison when assessing the Community Dependency Index. Further, arguments have been made that social work research underuses practice or clinical information such as assessments, closely linked as it is to practice realities and key concepts used in real-world practice (Epstein, 2001).

Review Procedure

Identified records were stored and screened on the Rayyan QCI database for systematic reviews (Ouzzani et al., 2016). The primary review author reviewed the title and abstract of each record, based on the inclusion criteria. A random sample of 25% of these records were independently reviewed by a second review author. Second review authors reviewed 100% of the first reviewers' decisions. Full texts of all potentially relevant articles were obtained and reviewed. Duplicate records were removed through each subsequent database search and on further checking. Figure 2 presents the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flow chart of the evidence selection process.

Data Collection and Analysis

Data Extraction

We extracted data from retrieved articles and studies using a piloted data extraction template designed for this review. The template consisted of: (a) face validity, (b) key properties and risk of bias, (c) diagnostic accuracy testing, and (d) desired properties (developed from the recommendations of the advisory group, to ensure practice relevance).

One review author extracted the key information on the template, which was then verified by a second reviewer. Any disagreements were addressed through discussion and consensus.

Assessment of Risk of Bias/Study Quality

We adopted a multi-step approach to assess study quality. Firstly, we assessed which tools measured which domains of child neglect. Any measures with no face validity were screened out. Next, we critically appraised the evidence for measures with some relevance.

Evidence was classified into study method employed and the relevant CASP checklist was used to assess the risk of bias (CASP, 2018). One review author assessed and a second then validated the assessment. Any disagreements were resolved through discussion and reaching consensus.

We distinguished between levels of evidence (type and quality of evidence available based on how well tests have been performed, on whom, in which settings and against which other tests or assessments) and reported properties of tests including reliability, validity, accuracy, and precision; then included measures were inspected for further properties of content validity, reliability, accuracy, interpretability, and sensitivity to change. We placed importance on the concurrent validity of tools, as "concurrent validity is the most appropriate form of criterion validity to examine when the aim is to make inferences on the psychometric quality of an instrument" (Vial et al., 2020, p. 108).

We used the definitions used in the COSMIN framework for key characteristics of good measures (Mokkink et al., 2010). These are:

- validity
- reliability
- responsiveness or sensitivity to change
- interpretability

Following these quality assessment steps, we sought the views of the advisory group on the following criteria:

- simple and easy to use
- child-focused
- able to be used throughout the organisation (from the front door to long-term work

with children and their families), and functional for different service areas

- identifies the type of support needed
- designed for the needs of families and of the professional/organizational system.

Missing Data

The effect of missing data was assessed under risk of bias. There were two missing results in Trocme's study, these were judged unlikely to have significantly altered the study's findings.

Collaborative Approach

This review adopted a collaborative approach with practice partners, Birmingham Children's Trust. User involvement has been in the form of advisory and stakeholder groups. For this review, "user" has been defined as a social worker, the individual using the neglect measurement tools. The advisory group consisted of nominated social work staff from Birmingham Children's Trust and gained the views of service users recruited through the Trust. This was achieved through social workers seeking their views and subsequently sharing these with the group. The stakeholder group also includes key academics in the field, services users, and social workers from other organisations. The additional element of user involvement has been used previously by other systematic reviews (Hyde et al., 2017; Oliver et al., 2014; Pollock et al., 2015).

The review has been conducted at the partnership level on Arnstein's (1969) Ladder of Citizen Participation. There were four advisory group meetings, where responsibilities, including idea generation on the quality and relevance of measures, were shared. Their involvement helped orient the review and promote the relevance of findings (Esmail et al., 2015).

Results

In total, 5,109 records were reviewed. Just four studies met our inclusion criteria (Figure 2). We were unable to access twelve studies, which are described in Table 6. For one of these

references, we were able to find the data in an alternative article. We made requests through our institution and the British Library for all papers written in English.

Description of Included Studies

Study Characteristics

There were four cohort studies reviewed and analyzed, all based in high-income countries (Canada and USA): a study by Trocme (1996) on the Child Neglect Index (CNI) and studies by Dubowitz et al. (2005), Runyan et al. (2005), and Mennen et al. (2010) on modifications of the Modified Maltreatment Classification System (MCS or MMCS). The studies were completed between 1996 and 2010 and in total included 1,715 cases. The children in these studies were all considered at risk or having suffered harm. Table 1 sets out the key characteristics of these studies.

Whereas Trocme's (1996) study aimed to develop a short, valid, and reliable measurement instrument for type and severity of neglect in Canada, Dubowitz et al.'s (2005) and Runyan et al.'s (2005) studies formed part of a larger longitudinal study in the USA examining antecedents and outcomes of child abuse and neglect. Dubowitz et al. (2005) used the MMCS to retrospectively re-score and reclassify neglect from child protective services (CPS) records. Runyan et al.'s companion paper (2005) compared concordance of main types of child maltreatment classifications defined by CPS' official codes to two types of alternative classification systems—the MMCS and the National Incidence Study 2 (NIS-2) (the NIS-2 is a further research tool, not meeting our inclusion criteria). The outcomes measured were those reported by Dubowitz et al. (2005). Mennen et al. (2010) used the same approach to reclassify neglect and maltreatment, and to measure co-occurrence in 9- to 12-year-olds in the care system.

Trocme's (1996) study was the smallest, focusing on 127 consecutive "intake" investigations. The sample population for the Dubowitz et al. (2005) and Runyan et al. (2005) studies were children and their primary carers from four research sites in eastern, southern, midwestern and northwestern parts of the United States. These sites differed in terms of

sample populations, with some children at risk for, and some having suffered, maltreatment. Cases were described as routine CPS cases; these were collected and reclassified by research staff, not social workers. Mennen et al.'s study (2010) focused on 303 cases of children identified as maltreated by a public child welfare agency.

Study Designs

The four studies that met our inclusion criteria all used variations of cohort study designs. Dubowitz et al.'s (2005) and Runyan et al.'s (2005) studies included follow-up data, whereas Mennen's (2010) and Trocme's (1996) standalone studies did not.

Trocme's (1996) study incorporated a two-stage process. Stage one involved gaining expert views on index construction from practitioners in the child welfare field. Stage two involved field testing within a social work setting. Classification of neglect using the CNI was compared to maltreatment classifications of the NIS child protection worker survey form. Concurrent validity was assessed against 14 neglect-related scales from the Child Well-Being Scales (CWBS) (n = 125 for each scale). Test-retest reliability was assessed through workers completing the tool twice within a 2-week period.

Dubowitz et al. (2005) examined 481 CPS records to determine how the MMCS, capturing six subtypes of "failure to provide," three of "lack of supervision," and frequency of reports of each, compared to two CPS classifications of neglect defined as "general neglect" and "caregiver absence." They also examined how well the categories and subcategories of each predicted a range of child outcomes ascertained at age 8 from a set of standardized measures for all 740 children. Runyan et al. (2005) attempted to answer two questions. Firstly, how did MMCS classifications compare with CPS and NIS-2 classifications of the main child maltreatment categories of physical abuse, sexual abuse, neglect, or emotional maltreatment and secondl, how well did the various categories of abuse predict child problems at age 8.

Mennen et al. (2010) extended the MMCS tool to also include caretaker incapacity and child "at risk" from neglect and/or abuse.

All four studies met our gold standard comparison with a social work assessment through different routes: Trocme's (1996) study through the social workers completing the CNI when they completed their standard assessment reports; Dubowitz et al.'s (2005) and Mennen et al.'s (2010) studies through comparing a modified MMCS with CPS records of assessments by child protection workers; and Runyan et al.'s (2005) study through CPS data being compared to the MMCS tool and NIS-2 data, with the MMCS viewed as their gold standard. For these three studies, comparisons were made between CPS classifications decided by CPS workers and reclassifications of narrative data by trained research assistants, not social workers.

Types/Subtypes, Severity and Chronicity of Neglect

Our review focuses on six subtypes of neglect: emotional, medical, physical, educational, social, and lack of supervision or guidance. No tool assessed all of these, but the CNI assessed medical, physical, and educational neglects, as well as lack of supervision and guidance. Emotional neglect was partially measured under "mental health care," but social neglect was not captured. Neglect severity was measured, but chronicity was not. The tool would be easily repeatable for measuring change in cases, but the age-weighted component would have to be disregarded.

The MMCS measured medical and physical neglect, and lack of supervision or guidance. Facets of neglect severity and chronicity were captured, but only partially, in Dubowitz et al.'s (2005) study. No data on severity or chronicity was provided in Runyan et al.'s (2005) study. Additionally, the MMCS would not be easily repeatable for measuring change in cases, as it takes considerable time and effort to complete.

Quality of Evidence and Risk of Bias of Included Studies

There was no selection bias identified in the Trocme (1996) study: it contained 127 consecutive intake cases. Two missing results were judged unlikely to have significantly

altered the findings. The tool is simply designed and there is no reason to suspect any other measurement bias. However, validity assessment against the NIS classifications was not blinded: repeat CNI and CWBS assessments were completed by the same worker up to 2 weeks later, raising the possibility of these being influenced by social work case decisions. Trocme (1996) provided no information as to whether the CNI score influenced workers' decisions. It is possible that Trocme's results were influenced by the results of the reference tools.

There was variation in the sample population within Dubowitz et al.'s (2005) study, some with CPS records (n = 481), some not (n = 259). However, all children used for comparison had CPS records. Sixty-five children were excluded from the sample mostly because of omissions in data, but the number of children lost to follow-up was unstated. Records were retrospectively re-coded using the MMCS by trained research assistants, but separate simultaneous coding by social workers using the MMCS independently and blind of CPS findings was not carried out. It is possible that more cases may have been classified as neglect using MMCS than through the CPS definitions. There was therefore potential for selection bias. Mennen et al. (2010) counted the number of children classified and not classified as subject to neglect by experimental and control methods, meaning that selection bias was limited only by willingness to take part in the study.

To compare CPS classifications with MMCS and NIS-2 codes, Runyan et al. (2005) re-coded CPS data for each maltreatment report into MMCS and NIS-2 codes. Only those CPS records with a single, valid CPS classification of maltreatment were included, resulting in 35% of records being excluded. This left the study open to selection bias. The number of CPS negative/MMCS positive, or CPS negative/NIS-2 positive, could not be ascertained. The exclusion of multiple maltreatment cases and manner of re-classifications into one subtype left the study open to measurement bias. Within the study, being placed lower down their hierarchy

of abuse (as follows: sexual abuse, physical abuse, neglect, emotional abuse) translated into being less likely to be classed as the predominant type of abuse.

Trocme (1996) recognized that assessment of neglect is complex, but provided a limited discussion of potential confounding factors. The child's age was considered in the CNI, with higher scores added to the index for younger children but confounding factors such as worker issues, family issues, difficulty disaggregating neglect from poverty, or issues in the NIS and CWBS tools against which the CNI was validated were not discussed.

Dubowitz et al. (2005) also recognized the complexity of assessing neglect, but no data were provided on other types of potentially co-existing maltreatment. For example, there was no assessment of differences in outcomes between children remaining in foster care and those returned home, which may be a confounder for children's problems. Table 2 sets out the overall quality of the evidence of the included studies.

Validity and Reliability of Included Studies

The results in Trocme's (1996) study indicated that the CNI has face validity. It is specific for neglect and measures neglect type and severity. The MMCS tool also appeared to have face validity. It measures neglect and Runyan et al.'s (2005) results indicated specificity for neglect.

The CNI was developed with the input of an expert panel and tested in practice. However, Trocme (1996) relied on practitioners' substantiation and intervention criteria for neglect and Ontario's legal definition of neglect (Ontario Child and Family Services Act, 1984), meaning the understanding of neglect was context-specific. Academic and service user perspectives were not included. The MMCS or a further variation was applied retrospectively by Dubowitz et al. (2005), Runyan et al. (2005) and Mennen et al. (2010), and its development was not discussed. Cross-cultural factors were not discussed by any authors.

The CNI was tested against the NIS and CWBS which have not been evaluated as part of this review, but as with other abuse/neglect measurement tools, both have their own weaknesses and limitations. Concurrent validity scores were generally good for the CNI. The

CNI correlated with the CWBS overall (inverse correlation 65%), with only the CWBS parent stimulation scale not correlating. Trocme (1996) compared the predictive validity of CNI and CWBS scores with the decision to provide ongoing child welfare services. Table 3 sets out the properties of the included measures and, as highlighted in Table 3, mean scores were higher for open than for closed cases. By comparison, the differences in the CWBS scores were very small. Structural validity is reported in Table 3.

The MMCS was tested against the NIS-2. There was a kappa score of 0.743 for agreement between the MMCS and NIS-2 codes for neglect and a predictive value of 94% for the NIS-2, suggesting that the MMCS classification would also be neglect. Each MMCS neglect subtype was moderately correlated with CPS "general neglect." There was limited or no correlation between MMCS subtypes and CPS "caregiver absence." The findings were that the MMCS had an 83% positive predictive value for neglect. MMCS classification agreed with CPS for 82% of physical abuse, 90% of sexual abuse, 82% of neglect, and only 37% of emotional abuse cases. Structural validity of the MMCS is highlighted in Table 3.

Trocme (1996) provided partial data on reliability, as shown in Table 3. No data for the reliability of the MMCS over time were provided in either Dubowitz et al.'s (2005) or Runyan et al.'s (2005) studies. Dubowitz et al. (2005) and Runyan (2005) et al. found a 90% inter-rater reliability between assessors, with Runyan et al.'s score measured after training had been provided. Mennen's (2010) study provided limited data to add to our review.

No data were provided on the range of, or variation between, scores using the CNI, resulting in no data to enable assessment of precision. It was not possible to assess the precision of the MMCS from Dubowitz et al.'s (2005) study. They provided *p* values for study outcomes, but no *SDs* or confidence intervals. Runyan et al.'s (2005) study provided data for sensitivity, specificity, and positive predictive values. These suggested that a large number of cases recorded as neglect by CPS records were "false positives." CPS scores were slightly more sensitive than MMCS scores in predicting child outcomes. The Runyan et al. (2005) study completed a regression analysis for outcomes measured in the Dubowitz et al. (2005) study

and each of the classification systems. However, due to the methodology used, we have not rated the prospective validity of the study high enough to warrant detailed analysis.

How the Tools Perform Against our Desired Characteristics

We tested for the desired characteristics in a neglect measurement tool, based on the views of the advisory group as stated previously. Table 4 sets out the applicability of each tool for social work.

The CNI is a short tool that appears simple to administer and comprehensible, whereas the MMCS does not meet these criteria (see Table 4). Dubowitz et al. (2005) state regarding use of the MMCS that "findings in the present study do not support the considerable time and effort involved in abstracting and coding CPS records, at least for studying the frequency of reported types and subtypes of neglect" (p. 508).

Comprehensibility for social workers was not tested in any of the included studies. Trocme (1996) recognized that due to the CNI's brevity, accuracy and comprehensiveness could be questioned, but also stated with some justification that "…brevity of the CNI may simply reflect our limited knowledge of the characteristics of neglect and the lack of consensus about underlying constructs" (p. 150). The CNI performed well against the lengthier CWBS tool. The MMCS is a more detailed tool than the CNI, but covers fewer subtypes in *this* review's neglect typology, which raises questions about its comprehensiveness.

The CNI focuses on substantiating neglect rather than future risk. Neglect is assessed as categories ranging from adequate to seriously inadequate, with scorings applied, whereas the MMCS simply assesses neglect as present or absent. As detailed in Table 4, the CNI appears to have more potential to be used across the stages of children and families social work than the MMCS.

The MMCS questions primary carers and children, while Trocme (1996) does not state who the CNI questions. None of the studies reported acceptability of the tools to children and families. Potential benefits, harms, and false positives and negatives were not reported by Dubowitz et al. (2005) or Trocme, but the CNI and MMCS are neglect-specific. Runyan et al.

(2005) did report false positives, but results were vulnerable to measurement and selection biases. Runyan et al.'s (2005) results would not be reliable for neglect if other types of maltreatment were also present.

Excluded Studies

Due to the small number of studies that met the inclusion criteria for this review, and to promote the review's rigor and transparency, we thought it important to discuss studies one might plausibly expect to find among the included studies, such as well-known neglect measurement tools, and studies that on the surface met the eligibility criteria, but on further inspection did not (Page et al., 2020a, 2020b). Three studies were of significant interest but did not meet the inclusion criteria. They are detailed in Table 5.

Discussion and Applications to Practice

The aim of this systematic review was to examine neglect measurement tools that may be useful for children's social work. We examined the published and unpublished reports against strictly defined criteria of population, tool focus (neglect), evidence type, and comparison to a defined gold standard. We further examined the validity, reliability, and quality of the evidence base and key features of reviewed tool's usability and feasibility in practice. We synthesized the best evidence of effectiveness of tools or measures for the assessment of child neglect.

This review revealed the limitations of the evidence base for social workers to assess child neglect. The overall evidence base for measures of child neglect can be considered weak. The most significant finding of the review is the lack of rigorous testing of potential measures for assessing child neglect. There is a paucity of high-quality evidence and robustly tested tools, with studies of "popular" tools lacking methodological rigor and robustness. This raises significant issues for social work assessments of neglect and the impact of child neglect means that the lack of valid, usable, and reliable measurement tools is a significant concern. In sum,

only four studies met the inclusion criteria, with only one tool, Trocme's CNI, considered simple enough to feasibly be used in practice.

The findings suggest the need for robust testing of neglect measures in social work settings. Robust testing is important for the development of tools that can satisfy the criteria of validity, reliability, and practice/clinical utility. Child protection social workers' time with children and families has reduced through the COVID-19 pandemic, with in-person home visits becoming less frequent and shorter (Ferguson et al., 2020). This change in practice accentuates the need for assessments to be focused and feasible in terms of time and resources. Because of these changes and issues, it is timely to develop a new evidence-based, short, and easy-to-administer child neglect measurement tool.

Analysis revealed the gaps of the two included tools, the CNI and MMCS. The tools conceptualize and measure child neglect very differently, reflecting wider issues and imprecision around how neglect is defined and understood, but both present clear omissions and weaknesses. The CNI was designed for simplicity and brevity, while the MMCS was more complicated and cumbersome. The CNI captured a greater range of neglect subtypes identified in this review, but certainly not all of them. Notably, neither tool covered social neglect. Assessments that do not examine social neglect are not as holistic as would be preferred. The CNI captures neglect severity and recognizes that neglect should not be assessed dichotomously as present or absent, but neither tool effectively captures chronicity. Severity and chronicity are both key features of neglect for children's social work, given that children's services often become involved in situations of chronic and severe neglect (English, 1997). The CNI could at best be considered partially effective in measuring neglect. Trocme's (1996) study did not discuss cross-cultural factors and transferability to the UK context would need to be tested. The MMCS would not merit testing, due to the time and effort needed to complete it being unfeasible in practice.

As reported within the results section, there are significant concerns about the quality, validity, and reliability of the included studies. The findings of this review resonate with previous

research by Yoon et al. (2021a), Vial (2020) and Saini et al. (2019) into child maltreatment. As discussed earlier, their studies also found issues around validity, reliability, and usability, and suggested that the current evidence base is not sufficient.

This review has a number of strengths. It has followed Cochrane Collaboration recommendations (Higgins et al., 2020) (adapted to the field of social work), providing a rigorous and systematic approach. We systematically searched a range of multidisciplinary and science/social science electronic databases and search engines, as well as grey literature. Social work values and practice relevance have been promoted through the collaboration of an advisory group of practitioners. Development of a template specifically for this review has enabled clear and focused data extraction to answer the research questions. A multi-step approach to assessing study quality has promoted rigorous analysis. Finally, the review has set out clearly what measurement issues are important and how to assess them.

Whiting et al. (2016) state that "bias occurs if systematic flaws or limitations in the design, conduct or analysis of a review distort the results" (p. 226). We undertook steps to minimize bias throughout this review, including following the protocol in full. This set clear eligibility criteria and laid out robust methods for the review, including the risk of bias of included studies being assessed by one review author and checked by a second. The adoption of a team-based approach with Birmingham Children's Trust was important for lowering bias (Uttley & Montgomery, 2017).

As with any study, this review has limitations. Setting a contemporaneous comparison to a social work assessment as a gold standard and limiting the review to studies published in English reduced the number of included studies. Further, it restricted the type of measurement instrument and excluded measures from linked professional fields such as health. Social work assessments can be of variable standards, although the advisory group and existing guidelines indicated that these remain the best tools currently available—thus we contend that our review gives greater rigor in its approach. Only 25% of identified records were independently reviewed

by a second review author; however, inter-rater agreement at this stage was greater than 90% and thus we do not see this as a significant limitation.

It is reasonable that the findings from this review will be broadly generalisable to high-income countries. Although there is significant variation across time and between cultures as to what is considered abusive (Munro, 2020), there are international and cross-cultural aspects to the basic foundations of neglect as unmet need. However, caution should be adopted in generalising the findings to countries with significantly different economic, social and legal contexts. Variations in definitions of neglect between countries further complicate the practice landscape and create issues for a consistent approach to neglect measurement.

Given the current evidence base for neglect measures, social workers should continue to undertake assessments based on established frameworks, such as *the Framework for the Assessment of Children in Need and their Families* (DoH, 2000). Current neglect measures are largely untested and should be used cautiously. Until reliable, valid, and usable measures are available, social workers should conduct full detailed assessments and not rely on measures whose validity, reliability, and neglect specificity are not robustly investigated.

Assessment of need as opposed to a singular focus on assessing risks should be adopted in practice, as neglect can be understood as unmet need (Daniel, 2015). A risk-focused approach fails to fathom the relationship between the wider economic, social, and community contexts influential in neglect and practice, and can exclude effective assessment of needs and support for these to be met (Bilson & Hunter-Munro, 2019; Warner, 2015).

The current evidence base on measuring child neglect is too limited to effectively inform practice. The significant cost of neglect at personal, professional, community, and societal levels justifies the need for a thorough and robust research project to develop a new child neglect measurement tool. The study should be practice-informed and focussed on development of a tool that is accessible and useable in practice Therefore, the tool should be designed with, as well as for, professionals and families. The development of an evidence-

based, valid, and reliable child neglect measurement tool, rigorously tested in practice, is likely to improve the standards of social work assessments.

Any future neglect measurement tool will need to pay particular attention to validity, reliability, and relevance of aspects measured. Further, it will need to capture neglect subtypes, severity, and chronicity. We suggest the clear neglect typology used in this review would be applicable. Trocme's (1996) study starts to demonstrate that measurement tools can be concise, but a fuller evidence base is required to have full confidence in this.

Future research should examine both needs and risks approaches to measuring child neglect to ensure a more complete evidence base on the costs and benefits of both approaches for families, practitioners, organisations, and communities.

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Table 1

Characteristics of included studies

Author & date	Measure (index test)	Brief description	Type of neglect assessed	Comparator /control	Country	Setting	Social work population (type, *n*)	Subject (*n*)	Population description					
									Children's age	Children's circumstance	Referral reasons/risk factor	Protective factor	Parental risk factor	Other risk factor
Trocme (1996)	Ontario Child Neglect Index	Short tool for assessing type and severity neglect	Supervision Food/nutrition Clothing/hygiene Medical care Mental health care Development /educational care	1. Maltreatment classifications of the National Incidence Study (NIS) child protection worker survey form 2. Neglect-related scales from the CWBS for concurrent validity. *n* = 125 for each scale	Canada	1 large Ontario urban child welfare agency	5 "intake" workers, so duty and assessment workers	127 consecutive "intake" investigations. Average of 1.8 children per family	Mean age of 7 years old	56% single parent family. 35% Canadian, 22% Asian, 27% West Indian	Referred for variety concerns: Physical abuse (19%), Sexual abuse (14%), Neglect (11%), Parent behaviour (45%), Child Behavior (7%) 31% cases previously opened, 39% open more than 6 months	Not reported	45% cases referred for "parent behaviour" under Ontario's system (no more details provided)	Not reported
Dubowitz et al. (2005)	Modified Maltreatment Classification System (MMCS)	1.To compare neglect defined by CPS official codes with neglect defined by a review of CPS narrative data using MMCS 2. To compare the neglect categories at predicting a range of child outcomes ascertained at age 8 from a set of standardized measures	Failure to provide: Food Medical Clothing Shelter Hygiene Sanitation Lack of supervision: Supervision Environment Substitute care	CPS classifications of neglect defined as "general neglect" and "caregiver absence." *n* = 481 for valid CPS records	USA	Part of the Longscan longitudinal cohort (Longscan) study of "children at risk"	Routine narrative CPS data, collected by research staff, reclassified by research staff	740 children aged 8 years, as part of the Longscan longitudinal cohort (Longscan) study MMCS was compared to CPS classifications only in the 481 children with CPS records	Children were interviewed at ages 4 and 8	Children taking part in Longscan longitudinal cohort	1. Taken into early foster care (around half returned to family before age 4) 2. Children reported to CPS before age 5, with substantiated or unsubstantiated cases, and judged at "moderate risk" for future maltreatment 3. Children born in hospitals involved in a programme for babies of families with high risk medical or social factors 4. Low-income family children recruited from paediatric clinics with either non-organic failure to thrive, mothers at risk of HIV infection, or neither (i.e., a comparison group)	Not reported	Parental risk factors varied between the four included sites	Risks differed between the four sites and within the sites Regression analyses were controlled for age, gender, race, income, site, and subtypes of neglect
Author & date	Measure (index test)	Brief description	Type of neglect assessed	Comparator /control	Country	Setting	Social work population (type, *n*)	Subject (*n*)	Population description					
									Children's age	Children's circumstance	Referral reasons/risk factor	Protective factor	Parental risk factor	Other risk factor
Runyan et al. (2005)	MMCS; National Incidence Study 2 (NIS-2)	Companion paper to Dubowitz et al. (2005) To compare concordance of MMCS reclassification of the predominant type of child maltreatment defined by CPS to official codes and NIH-2 reclassification	Re-classification of CPS records by researchers into predominant maltreatment type—physical abuse, sexual abuse, neglect, or emotional maltreatment. Using an algorithm for cases with multiple types of maltreatment	CPS records with only one single maltreatment classification of physical abuse, sexual abuse, neglect, or emotional abuse	USA	Comparisons between classifications by CPS workers and reclassifications of narrative data by trained research assistants	Routine CPS data by SWs, collected by research staff, reclassified by research staff	545 children and their primary caregivers who were assessed at ages 4 and 8 and had lifetime CPS reviews up to age 8, maltreatment reports before the age 8 Interview and CPS searched and reviewed before age 8 interview	Children were interviewed at ages 4 and 8	Children taking part in Longscan longitudinal cohort	As in Dubowitz et al. (2005) above	Not reported	As above	As above

Table 2

Overall quality of evidence

Study author	Study design Evidence	Gold Standard?	Results	Selection bias	Measurement of neglect	Measurement bias	Outcome measures	Confounding factors	Follow-up	Accuracy/ Precision	Generalisability	Overall assessment
Trocme (1996)	Concurrent comparison of methods in the same cohort of consecutive intake cases, with no follow-up undertaken beyond 2 weeks	Comparison: 1. NIS* Child Protection survey form completed by the social workers 2. Standard assessment of whether to keep the case open 3. elected items from the CWBS	78 cases of neglect using NIH had a CNI score *M* = 48, 27 cases of no neglect had a CNI score *M* = 21 ($p < 0.0001$). Indicating CNI is specific for child neglect. No cut-off scores were suggested "Good" correlation with CWB Scales (0.65), higher with most individual scales Mean scores significantly higher for cases kept open than for closed cases (45 vs 31, $p < 0.001$) Test-retest reliability from the text was 86% overall (weighted kappa 0.86, with individual scores 0.83-0.91) Inter-reliability ranged from 88*-91% (based on reassessment of case worker notes)	None found (2 missing results unlikely to substantially affect overall findings)	Results of neglect score using the CNI were compared with results of scores using the NIS	Liable to measurement bias The same social workers all test with the same children, so no blinding was possible Inter-reliability was assessed by Trocme and SW supervisor checking SWs' case notes—so not completely independent of original assessment	CNI results could have influenced other outcomes e.g., overall caseworker decisions on whether to keep the case open (used as an assessment of CNI performance) and scoring of subsections of the CWBS used to assess validity of the tool Mean values for addition of two separate ordinal values Statistical methods unclear	Only age was discussed or taken into account	None beyond 2 weeks after intake The test was intended to substantiate neglect not to predict risk	No data provided on range of scores or variation —no data to enable assessment of precision	NIS is not a standardized measure for neglect, and has undergone later revisions Applicability of this as a control is uncertain	High likelihood of bias (low level of certainty)
Dubowitz et al. (2005)	Part of a longitudinal cohort study, with CPS records (narrative documenting of allegation) reclassified retrospectively by study personnel	Used CPS records with assessments by child protection workers as comparison	1. Correlations between the 2 coding methods ranged small-large, but were generally moderate 2. Correlation of MMCS with child behaviour problems age 8, as assessed by "standardized measures" or checklists for children and parents (not appraised in our systematic review) (*n* = 740 children)			Main problems: 1. Retrospective, non-blinded coding for MMCS scores 2. No data on confounding by other types of co-existing maltreatment 3. Variation in population (all included children had CPS records)		Effect of other types of child maltreatment not taken into account	No data provided on attrition rates for follow up assessment at age 8	Unable to quantify. *p* values were provided, but no *SDs* or CIs	Retrospective re-coding—not applicable to routine assessment Population characteristics not necessarily comparable to other populations	High level of bias, low level of certainty
Study author	Study design Evidence	Gold Standard?	Results	Selection bias	Measurement of neglect	Measurement bias	Outcome measures	Confounding factors	Follow-up	Accuracy/ Precision	Generalisability	Overall assessment
Runyan et al. (2005)	Part of a longitudinal cohort study, with CPS records (narrative documenting of allegation) reclassified retrospectively by study personnel	Used CPS records with assessments by child protection workers as comparison, but data were manipulated to only account for the "predominant type" of child maltreatment	After reclassification of type of maltreatment by original CPS designation and MMCS re-designation, MMCS classification agreed with CPS for 82% of physical abuse, 90% of the SA cases, 82% of neglect and only 37% of emotional abuse Results suggested that large number of cases recorded as neglect by CPS were "false positives" Using this methodology CPS was 82% sensitive for neglect and 76% specific, compared to MMCS with an 83% positive predictive value of MMCS Emotional abuse was reported poorly	Very high level of selection bias: only those CPS records with a single, valid CPS classification of maltreatment were included Out of 1,980 reports, 717 (36%) were excluded. 387 were excluded for having no valid CPS allegation type codes, 167 for having multiple types of maltreatment. 163 were excluded because no valid MMCS could be coded. This leaves the study open to selection bias. Numbers of		As above But also: Re-classifications into just one predominant type of maltreatment: high risk of measurement bias Hierarchy of maltreatment type, although in use at the time, is also questionable	Exclusion of CPS records with multiple maltreatment classifications excludes accurate estimation					Very high likelihood of bias Very low certainty of evidence

Table 3

Properties of included measures

Measure	Neglect	Validity						Reliability		Severity	Chronicity	Sensitivity to change
	Type of actual neglect measured	Relevance/ Face validity	Comprehensibility	Comprehensiveness	Structural validity across items in test (scale overlap)	Cross-cultural	Concurrent	Prospective	Between assessors	Across time	E.g., does it measure degrees of severity?	Does it record how long the neglect has been taking place?	Is it easily repeatable in order to measure change?
Ontario Child Neglect Index (Trocme, 1996)	Supervision, Physical care (Food/nutrition and Clothing & hygiene), Provision of healthcare (Physical, Mental and Developmental, and Educational care) (Anticipation and response to child's emotional needs classified with health care)	Cited as Good	6 subscales, each scored 0-60 for severity. The overall score combines the score from the scale with the *highest* severity rating and *an age score* ranging from 20 points for ages 0-2 down to 0 points (ages 13-16) Maximum CNI score would be 80 Appears simple and easy to understand	Good	Psychological and Developmental Care Scales correlated above 0.50, rest below 0.35	Not reported	46 cases classified as neglect but not abuse had a CNI score *M* = 49; 26 classified as abuse but not neglect had a CNI score *M* = 21 78 cases with neglect (with or without other maltreatment) had a CNI score *M* = of 48, 47 classified as having no neglect had a CNI score *M* = 21 ($p < 0.0001$) Overall correlation between CNI and CWBS was good (inverse correlation of 65%) Correlation for individual subscales: 49% for developmental/educational care and CWB scale parental teaching/stimulation, > 70% for remainder	Cases kept open by social workers had a CNI score *M* = 45; cases closed had a CNI score *M* = of 31 ($p < 0.001$) CWBS scores were *M* = 82 for those kept open, *M* = 88 for cases closed ($p < 0.03$)	Inter-rater reliability (87 cases rated by supervisor and author) was 88% to 91% (but based on supervisor and author using workers' case notes)	Not known. CNI was completed twice by intake workers within a 2-week period. Average 86% reliability (0.86 weighted kappa)	The scale ranges from Adequate to Seriously Inadequate for each type of neglect measured	No	Scores for a theoretically constant level of neglect would decrease as the child ages To measure change, the age-weighted component would have to be disregarded

	Neglect	Validity						Reliability		Severity	Chronicity	Sensitivity to change
	Type of actual neglect measured	Relevance/ Face validity	Comprehensibility	Comprehensiveness	Structural validity across items in test (scale overlap)	Cross-cultural	Concurrent	Prospective	Between assessors	Across time	E.g., does it measure degrees of severity?	Does it record how long the neglect has been taking place?	Is it easily repeatable in order to measure change?
MMCS (Dubowitz et al., 2005)	"Failure to provide": Food, medical, clothing, shelter, hygiene, sanitation and "Lack of supervision": supervision, environment, and substitute care	Has face validity	Carried out by trained research assistants No data on comprehensibility for social workers in the field	Emotional, social, or educational neglect not covered	Data suggest that while individual items are correlated with each other, they are distinct phenomena No clear support for "lack of supervision" and "failure to provide" typology	Not reported	Each of the individual MMCS subtypes was moderately correlated with CPS "general neglect" (each between 24%-54%, each with $p < 0.001$) Low/no correlation between individual MMCS subtypes and CPS "Caregiver absence" (clothing = 22%, food = 19%, supervision = 18%, each $p < 0.001$; sanitation = 9% and	After controlling for child age, gender, ethnicity, income, and site, MMCS overall scores had low correlation with child functioning* and were less predictive than the CPS designation	Not reported	Not reported	Frequency of recorded maltreatment type was used as a substitute for severity	Counts frequency of reports	No Coding was carried out retrospectively Said to be very time consuming

Table 4

Applicability for social work

Measure	Interpretability: Categorical outcomes? Cut-off points?	Does the measure indicate the type of support that is needed for the family?	What is average time of administration?	How many hours of training are needed?	Of whom is the assessment tool questioned? (e.g., parents, carers, children, teachers)	Has acceptability been tested? If so, how?	Has comprehensibility been tested? If so, how?	Can it be used across all stages of child protection?	Possibly be tailored to different service areas, with perhaps different versions for different teams?	Are benefits and harms reported? What is its sensitivity and specificity (false positives and negatives)?
CNI (Trocme, 1996)	Each type of neglect receives its own severity rating Overall score combines the highest reported severity rating with an age rating, to a maximum score of 80 Originally a cut-off score of 50 was suggested (with limited clinical significance) but best used as severity rating without cut-offs	No	Not reported	Not reported	Not reported	Authors cited a 1994 survey of 285 randomly selected child welfare workers using CNI modified to include other forms of maltreatment High face validity in training sessions, 89% response rate, and over 95% completion rate reported	Not reported but appears simple and self-explanatory	Not reported, but its simplicity would suggest it could be used to assess changes in individual types of neglect Care would need to be taken to compare scores *before* age adjustment	Not reported but as previous column would seem simple enough to tailor and adapt	Not reported
MMCS (Dubowitz et al., 2005)*	Reported as presence/absence for each sub-type of neglect	No	Not reported but findings "do not support the considerable time and effort involved in abstracting and coding CPS records"	Not reported	Parents carers and children	No data Incentives were provided to compensate for time spent answering the questions	No	Unlikely, due to time and effort needed	Unlikely	Not reported

Notes. MCRAI (Mennen et al., 2010) is essentially the same tool as the MMCS, with two added categories.

Table 5

Excluded studies of interest

Authors	Tool	Details	Reason for exclusion	National/International
Johnson & Fisher (2018)	Graded Care Profile 2	Measures levels of care, used by social work and multi-agency teams	Not assessed against gold standard	UK only
Glad et al. (2012)	Home Observation for Measurement of the Environment (HOME) Inventory	Focuses on assessment of home environment and stimulation. Predominantly used in healthcare, but can be applied to social work	Not assessed against gold standard	Used in variety of countries, including the USA, UK, and Sweden
Kantor et al. (2004)	Multidimensional Neglectful Behavior Scale Child Report	Comprehensive, focusing on cognitive, emotional, physical, and supervisory neglects. Tests revealed good reliability scores for use with older children	Not assessed against gold standard	Used in a variety of countries, including the USA, Turkey, and France

Table 6

References not reviewed

Author	Reference	Reason	Comment
Berube et al. (2015)	Berube, A., Lafantaisie, V., Coutu, S., Dubeau, D., Caron, J., Couvillon, L., & Giroux, M. (2015). Elaboration d'un outil ecosystemique et participatif pour l'analyse des besoins des enfants en contexte de negligence: L'outil Place aux parents [Development of an ecosystemlc and participatory tool for the analysis of children's needs in the context of child neglect: The experience of Place aux parents]. *Revue de Psychoéducation*, *44*(1), 105-120.	Unable to access	Title and abstract suggest absence of comparison with social work assessment
Gaudin et al. (1992)	Gaudin, J. M., Polansky, N. A., & Kilpatrick, A. C. (1992). The Child Well-Being Scales - A Field Trial. *Child Welfare, 71*(4), 319-328.	Unable to access	Title and abstract suggest absence of comparison with social work assessment
Polansky et al. (1983)	Polansky, N. A., Cabral, R. J., Magura, S., & Phillips, M. H. (1983). Comparative norms for the Childhood Level of Living Scale. *Journal of Social Service Research*, *6*(3), 45-55.	Unable to access	Title and abstract suggest absence of comparison with social work assessment
Polansky et al. (1978)	Polansky, N. A., Chalmers, M., Buttenweiser, E., & Williams, D. (1978). Assessing Adequacy of Child Caring: An Urban Scale. *Child Welfare*, *57*(7), 439-449.	Unable to access	Title and abstract suggest absence of comparison with social work assessment
Polansky and Pollane (1975)	Polansky, N. A., & Pollane, L. (1975). Measuring Child Adequacy of Child Caring: Further Developments. *Child Welfare*, *54*(5), 354-359.	Unable to access	Title and abstract suggest absence of comparison with social work assessment
Polansky et al. (1992)	Polansky, N. A., Gaudin, J.M., & Kilpatrick, A. C. (1992). The Maternal Characteristics Scale: A cross validation. *Child Welfare: Journal of Policy, Practice, and Program*, *71*(3), 271-280.	Unable to access	Title and abstract suggest absence of comparison with social work assessment
Trocme (1993)	Trocme, N. M. (1993). Development of an expert-based Child Neglect Index: Making social work practice knowledge explicit. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, *53*(12), 4478.	Unable to access	Data extracted from Trocme 1996.
Pasian et al. (2015)	Pasian, M. S., Bazon, M., Pasian, S., & Lacharite, C. (2015). Negligencia infantil a partir do Child Neglect Index aplicado no Brasil [Child neglect based on the use of the Child Neglect Index Applied in Brazil]. *Psiclogia. Reflexeao e Critica*, *28*(1), 106-115.	Foreign language	Title and abstract suggest absence of comparison with social work assessment
Picornell (2004)	Picornell, L. A. (2004). Model of definitions for situations of child-juvenile neglect. An instrument for strategic planning. *Portularia: Revista de Trabajo Social*, *4*, 277-285.	Foreign language	Title and abstract suggest absence of comparison with social work assessment
Vandevoorde (2013)	Vandevoorde, J. (2013). Checklist for the assessment of children and adolescents at risk of abuse.	Foreign language	Title and abstract suggest absence of comparison

	Neuropsychiatrie de l'Enfance et de l'Adolescence, *61*(6), 371-378.		with social work assessment
Valencia (2010)	Valencia, E., & Gómez, E. (2010). An eco-systemic family assessment scale for social programs: Reliability and validity of NCFAS in a high psychosocial risk population. *Psykhe*, *19*(1), 89-103.	Foreign language	Title and abstract suggest absence of comparison with social work assessment
Vezina (1992)	Vezina, A., & Bradet, R. (1992). Validation quebecoise d'un inventaire mesurant le bien-etre de l'enfant [Validation of the Child Well-Being Scales (CWBSs) in Quebec]. *Science et Comportement*, *22*(3), 233-251.	Foreign language	Title and abstract suggest absence of comparison with social work assessment

Figure 1

Theory of Change

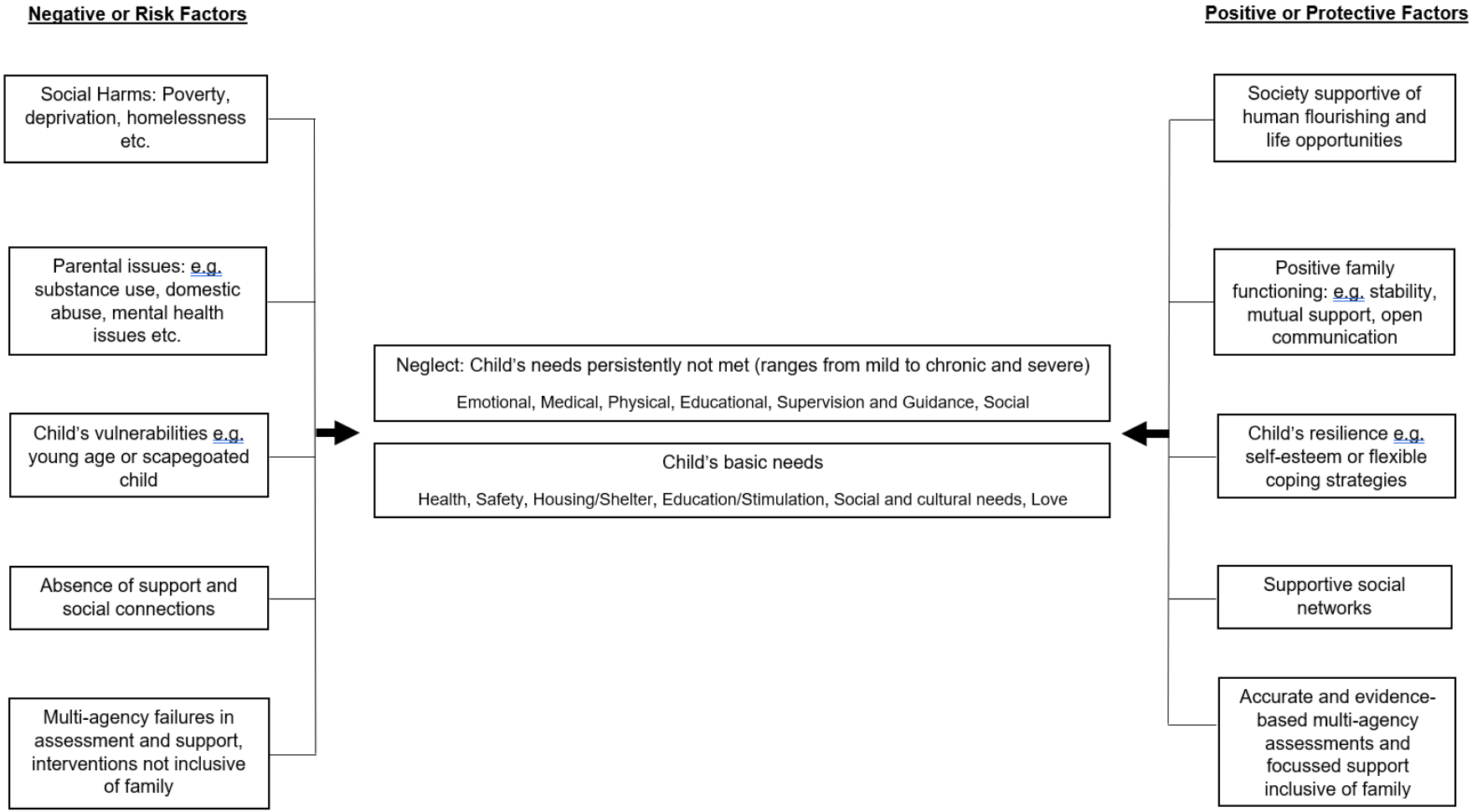
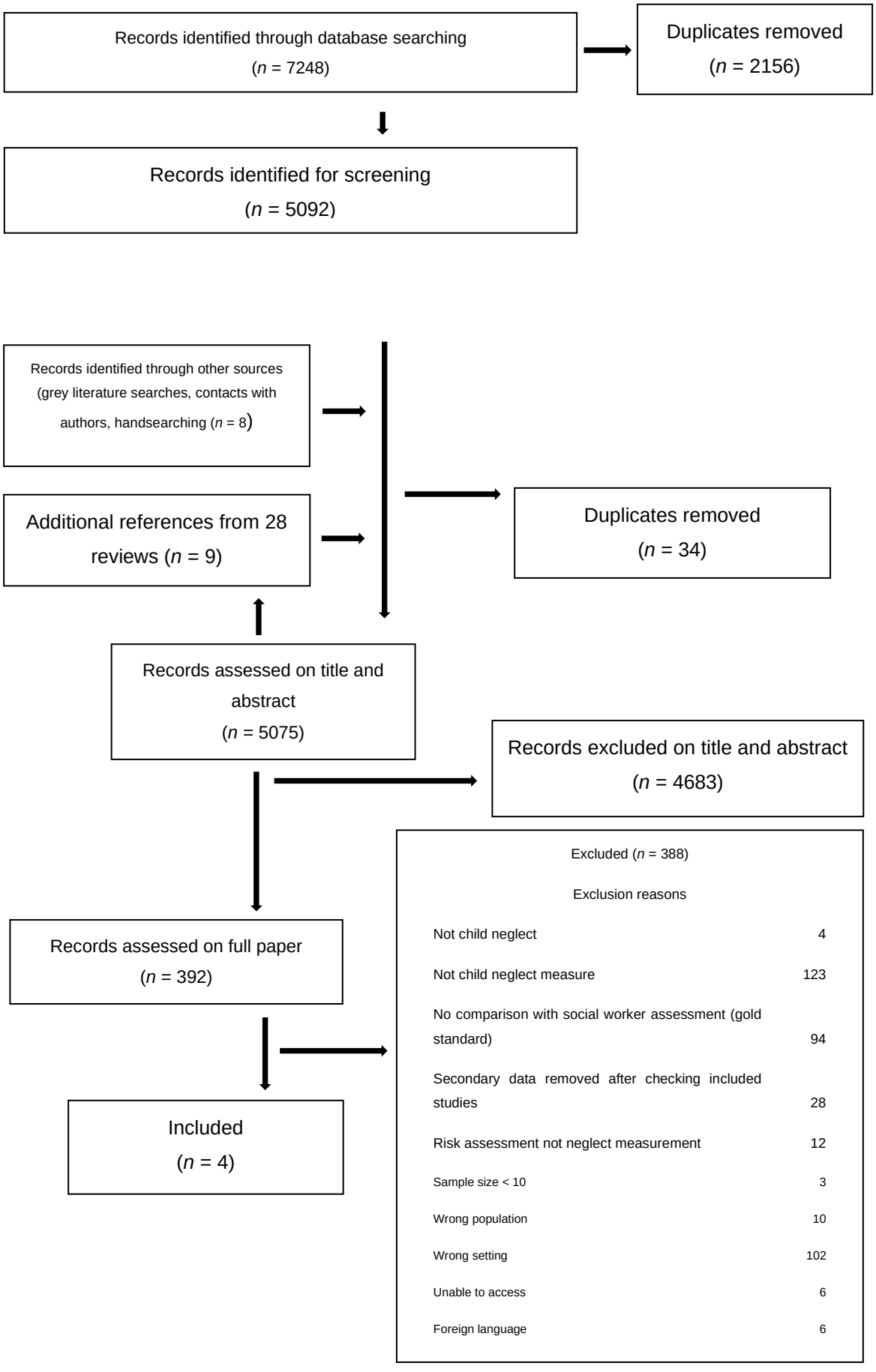


Figure 2

PRISMA Flow Chart



8 Journal Article 2: A Delphi Study to Develop Items for a New Tool for Measuring Child Neglect for Use by Multi-Agency Practitioners in the UK

(pagination: p. 186).

Journal article 2 describes and discusses the modified online Delphi study to develop items for the new child neglect assessment tool. The article went through a rigorous reviewing process for Social Sciences, leading to a number of improvements. It received a 4* Research Excellence Framework grading from the University of Birmingham School of Social Policy's Reading Panel (appendix 11).

An international panel of 60 experts (academics, multi-agency practitioners and experts by experience) was recruited. Pre-Delphi focus groups were conducted with academics, practitioners and experts by experience to gain a range of views on assessing child neglect and support formulation and format of questions for the round 1 survey. The panel then completed three online surveys, reaching consensus for 18 items (distinct constituent parts for the tool that constitute what the tool assesses and focusses on, for example a scale for neglect severity and the neglect definition used) and 15 elements (features of the tool's design and look that support it's aims, for example hyperlinks to research and use of 10-point scales) for the tool.

The Delphi led to development of the draft *Good Enough Care Assessment Tool*, which was subsequently piloted in practice.

Article

A Delphi Study to Develop Items for a New Tool for Measuring Child Neglect for Use by Multi-Agency Practitioners in the UK

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Abstract: Social work and allied professions can struggle to accurately assess child neglect. Our research project is developing a new child neglect measurement tool for use by multi-agencies to address this issue. Phase two of this project employed a Delphi study to gather the views of a range of experts to help develop it. There were two important stages to inform the Delphi study: a systematic review of child neglect measures, and three online focus groups with a purposive sample of 16 participants with expertise in child neglect (academics, practitioners, and experts by experience). We then conducted a three-round modified online Delphi study with a purposive sample of 60 international panellists with expertise in child neglect. We followed the CREDES guidelines for the rigorous application of the Delphi technique. The panel generated salient items for the tool and scaled these for importance. The panel reached consensus for 18 items and 15 elements for the tool. The items included neglect type, chronicity, and severity. The elements included hyperlinks to research and the use of 10-point scales. The draft tool is short and may be useable by a range of practitioners in multi-agency settings. It is inclusive of social harms, such as poverty and social isolation. It will now be piloted.

Keywords: child neglect; measurement; assessment; Delphi study; social work; social harm

1. Introduction

1.1. Child Neglect and Its Complex Nature

Child neglect is prevalent across all societies and its impacts and costs for children, families, communities, and societies suggest it merits a more rigorous and complete research evidence base (Daniel et al. 2010; Dubowitz 2007; Mulder et al. 2018). Neglect accounted for 52% of initial child protection plans in England during 2020–2021 (Department for Education 2021). Similarly high levels of neglect coming to the attention of statutory services can be found in countries such as the USA, Canada, and the Netherlands (Euser et al. 2010; Stoltenborgh et al. 2015). In the USA, 75% of initial referrals to child protective services are for neglect, as

are the majority of recurrent maltreatment reports (Jonson-Reid et al. 2019; US Department of Health and Human Services 2021).

Child neglect is complex and has varying presentations from mild to severe, and episodic to chronic (English et al. 2005). It can feature a range of interlinked issues from personal through societal levels, including variable levels of care, problematic parent-child relationships, breakdowns in social relationships, neighbourhood deprivation, and a wide range of social harms (Chambers and Potter 2009; Dufour et al. 2008; Lacharité 2014; Shanahan et al. 2017). Of all forms of maltreatment, neglect can lead to some of the most damaging long-term impacts on development, wellbeing, and behaviour (Daniel 2015; Stevenson 2007). It is important to note that the impacts of neglect can be not just harmful but fatal (Sidebotham et al. 2016).

There is a significant range of definitions of child neglect from research, government, and practice (English et al. 2005). Definitions vary among countries and, indeed, among states and jurisdictions within countries (Horwath 2013). There is also a range of conceptual models and typologies of child neglect (Horwath 2007; Sullivan 2000). These issues create a complex picture for assessment.

1.2. Assessment Challenges

The assessment of neglect raises significant challenges for social work and allied professions, such as health and education. These assessments can be filled with ambiguity because neglect is both opaque and complex (Brandon et al. 2009; Doherty 2017; Stewart et al. 2015). Further, the involvement of children's social work and allied professions is principally based on community and social constructions of neglectful care rather than empirical evidence on what harms children (Dubowitz et al. 2005; Munro 2020). This is largely the case across the world (Dubowitz and Merrick 2010; Horwath 2013).

There has been limited rigorous research into the assessment and measurement of neglect, with no gold standard for its measurement (Bailhache et al. 2013; Haworth et al. 2022; Horwath 2013; Morrongiello and Cox 2020). Rigorously developed and tested evidence-based measurement tools and frameworks are important for accurately measuring child maltreatment (Bailhache et al. 2013; Parker 2020), and can support balanced, systematic, and analytical assessments (Barlow et al. 2010; White and Walsh 2006). In the absence of clear standards and effective tools, practitioners can tend to rely on practice wisdom and subjective judgments (Hines et al. 2006; Stewart et al. 2015; Stokes and Taylor 2014), looking to reduce complex assessments and decisions to manageable decision-making strategies (Broadhurst et al. 2010; Cummins 2018; Platt and Turney 2014). The multi-agency context for identifying and addressing neglect can itself pose complications for an effective assessment of the issue (Thompson 2016). Health, early help, and education agencies are commonly involved in assessing and responding to child neglect (Sharley 2020).

Research has highlighted the varying and varied standards of decision-making within child protection and its impacts (Barlow et al. 2010; Dorsey et al. 2008). Poor, inadequate, or incomplete assessments play a substantive role in significant harm and/or fatality from neglect (Brandon et al. 2020). They can lead to delay, drift, and error in

professional decision-making and actions (Helm 2010). In the UK, Ofsted's (Office for Standards in Education 2014) thematic inspection of responses to neglect deemed assessments to be of heterogenous standards, with 50% of assessments considered inadequate. Within this context of assessment challenges, neglect was an issue in 68% of fatal cases and 83% of non-fatal harm cases in the 368 serious case reviews carried out into children who have died or been seriously harmed through abuse or neglect in the UK between 2014 and 2017 (Brandon et al. 2020). Of the total 1750 maltreatment deaths in the USA, 1277 (73%) were due to neglect (US Department of Health and Human Services 2022).

1.3. The Research Project

The overarching aims of this research project are to develop a valid, simple, and practitioner-accessible multi-agency child neglect measurement tool, titled the 'family and wider social neglect measurement tool', to support evidence-based and informed assessments that are also inclusive of key social harms, such as poverty and community deprivation. It consists of three phases:

- Phase one (completed) was a systematic review of national and international, clinical and academic, and single index and multi-dimensional measures of child neglect.
- Phase two, presented here, was an online Delphi study (conducted with a participating local authority in Wales).
- Phase three will pilot the new draft child neglect measurement tool with the participating local authorities, their partner agencies (including health and education), and linked third-sector organisations.

This is a collaborative project, with significant engagement with practitioners and experts by experience (parents with experience of professionals intervening for (suspected) child neglect). This should promote the research's practice relevance and ensure that social work values are mobilised (Campbell et al. 2017; Uttley and Montgomery 2017).

Our child neglect theory of change (see Figure 1 below) provides a framework to guide the project. It was developed from a review of the literature on neglect (including its key dimensions and drivers) and the literature on children's needs, alongside consultation with our advisory group. It depicts the neglect typology used here and includes key risk and protective factors at personal, family, professional, community, and societal levels. It aims to simply capture the complex social mechanisms involved in neglect.

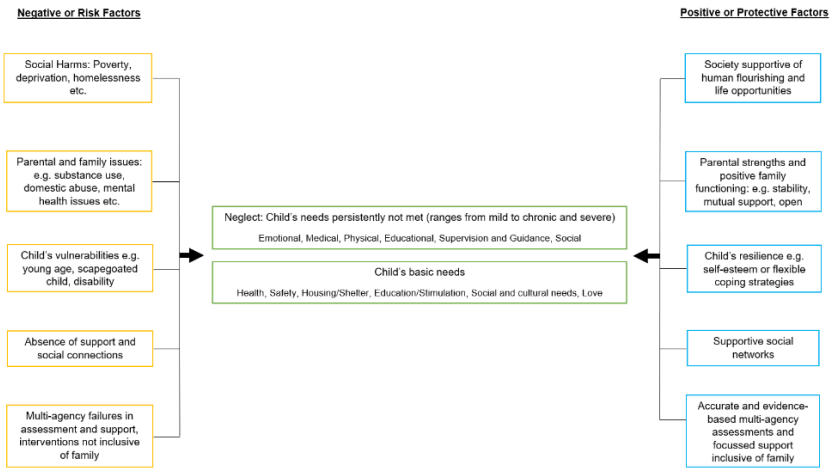

Figure 1. Child neglect theory of change.

The social harm approach has informed this project. It recognises that individuals are harmed through the non-fulfilment of their needs and the denial of social resources to exercise life choices within deeply unequal societies (Pemberton 2016). The relationships among poverty, a range of socioeconomic disadvantages, and neglect are well established, if complicated (Bywaters et al. 2016; Carter and Myers 2007; Shanahan et al. 2017). The adoption of a social harm framework can support the understanding and assessment of neglect to move from a reductive vision of harm caused solely by parents to one that recognises and appreciates the range of relational, social, and structural causal and contributing factors present in neglect cases (Lacharité 2014).

This paper reports the Delphi study phase of the project. This was employed to develop items and elements for the draft tool, building on the findings of the preceding systematic review within the overarching evidence-based project. It offered a systematic and efficient approach to gathering the views of a range of experts (Khodyakov et al. 2020).

2. Methods

The Delphi method is suited to explore areas where controversy, complexity, debate, or limited empirical evidence exist (Linstone and Turoff 2002; Smart and Grant 2021), as is the case for child neglect and its measurement (Daniel et al. 2010; Dubowitz et al. 2005; Morrongiello and Cox 2020). Delphi studies use a series of discussions or surveys to explore consensus on disputed topics (Linstone and Turoff 2011). We conducted an online modified Delphi study to gather the views of a range of experts to help develop the new measurement tool. The Delphi was modified through the inclusion of a discussion board (set up via Padlet) to encourage active discussion between rounds (Khodyakov et al. 2020). Such studies offer opportunities for the systematic but also convenient and efficient engagement of relatively large numbers of geographically distributed key stakeholders (Grant et al. 2021) but have the potential pitfall of lower levels of panellist engagement (Khodyakov et al. 2016). We wrote (a priori) and followed a protocol for the Delphi study.

To inform the Delphi study, we first undertook a systematic review of measures of child neglect and then conducted three online focus groups, as described below. As Khodyakov et al. (2016) suggested, 'The

Delphi method complements the results of systematic evidence reviews with consensus-focused engagement of experts and stakeholders in emerging areas where there is a lack of rigorous research or where consensus is needed on how to apply research findings…' (p. 354).

Ethics approval was sought and received through the University of Birmingham (ERN_21-0041). Ethical awareness was maintained at all stages, including the full consideration of the participants' wellbeing before, during, and after their engagement (Butler 2002). A clear description of the purpose and processes of the research was provided to the participants as part of their engagement. Voluntary consent was provided by all participants. The data from all the stages were anonymised and stored securely. Figure 2 depicts the stages of this study.

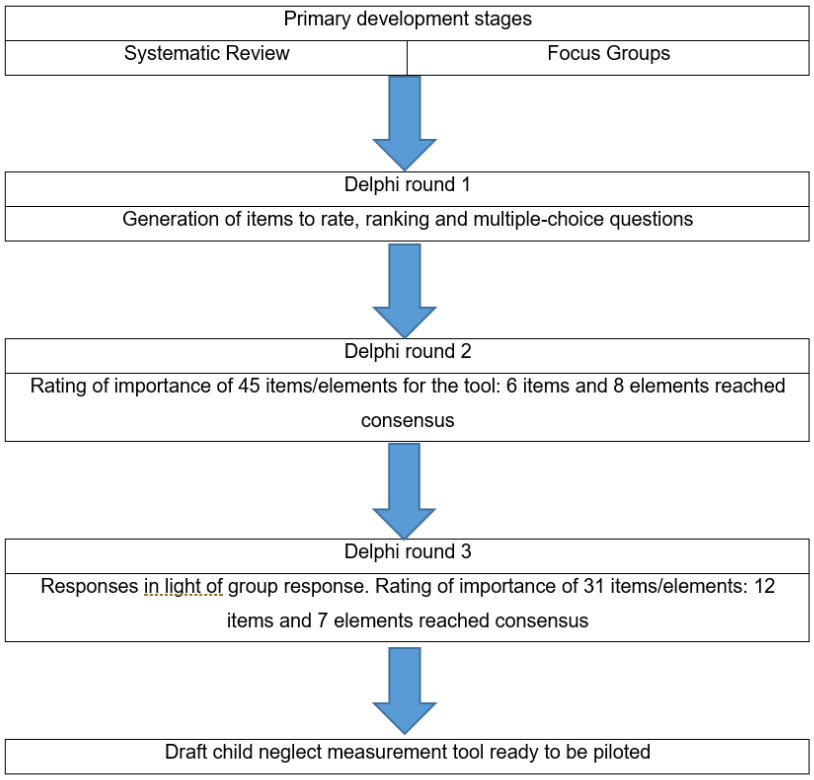

Figure 2. Flow chart of stages in the Delphi study.

2.1. Study Participants

Panellists can be considered the lynchpin of Delphi studies (Green et al. 1999; Fish and Busby 2005). They need to provide a depth and breadth of knowledge on the topic under investigation (Linstone and Turoff 2011; Hamlet et al. 2018). We set clear inclusion criteria for an international panel of experts in child neglect (primarily from the UK and the US), with diverse views on the subject through either personal or professional experience. The purposive sample was recruited from these eligible groups:

- Researchers in the field of child neglect;
- Researchers in the field of measurement in social work;
- Multi-agency practitioners who work with child neglect, including

frontline workers, those based in learning and development teams, senior practitioners, and managers;
- Experts by experience—parents with experience with professionals intervening for (suspected) child neglect.

We recruited for the focus groups and Delphi panel through the participating local authority, our existing networks, and contacting the authors of key texts in the fields of measurement tools in social work and neglect. We employed snowball sampling for academics and experts by experience, where those recruited were asked to suggest others with relevant specialist knowledge (Montgomery et al. 2019). All experts by experience were spoken with individually to ensure fully informed consent. All focus group members were invited to take part in the surveys. We emailed each potential participant for the focus groups and Delphi rounds between October 2021 and March 2022.

2.2. Primary Development Stages

2.2.1. Systematic Review

We undertook a systematic review of national and international, clinical and academic, and single index and multi-dimensional measures of child neglect (Haworth et al. 2022). The review found a distinct lack of evidence-based, valid, or reliable child neglect measurement tools. Only four studies, all from North America, met the inclusion criteria and the gold standard of an assessment by a qualified children's social worker or assessor working within children's social work. Only one tool, the Child Neglect Index (Trocmé 1996), was considered feasible for practice, with the modifications of the Modified Maltreatment Classification System considered too complicated and cumbersome in both our review and the study of Dubowitz et al. (2005) examining the tool. Analysis revealed that although the included tools had strengths, they excluded some key features of neglect, including neglect chronicity and the range of factors that can contribute to neglect occurring, including social harms. Studies of 'popular' tools, such as the Graded Care Profile 2 and HOME, have lacked methodological rigour and have not been assessed against the gold standard of a contemporaneous assessment by a qualified children's social worker or by an assessor working within children's social work (Haworth et al. 2022). The review recommended that child neglect measurement tools need to be robustly tested in social work settings to satisfy the criteria of validity, reliability, and practice/clinical utility.

2.2.2. Online Focus Groups

Synchronous online focus groups can be as effective in gaining information from participants as face-to-face groups (Abrams and Gaiser 2017), but with the advantages of reducing logistical issues and the ease of recording and transcription (Cher Ping and Chee 2001). We facilitated three synchronous online focus groups with practitioners, academics, and experts by experience in February/March 2022 to build on the findings of the systematic review, generate first-round items, and better understand a range of views on what was needed in our new measurement tool. The participants were provided with a summary of the findings of the systematic review to read and reflect on prior to engaging with the focus group.

One focus group constituted experts by experience and two professionals and academics. We view practitioners as our primary 'users', as they will be using the measurement tool. The approach adopted was attentive to the potential for participants to feel pressure to conform to dominant views and socially acceptable identities and avoided potentially mixing people with opposing interests (Green 2009). We produced separate information and consent forms for experts by experience and practitioners/academics, with attention given to the accessibility of the language.

2.3. Online Modified Delphi Study

We conducted a modified online Delphi, involving three anonymous sequential surveys administered through Qualtrics between April and July 2022. All surveys were piloted with two experts by experience, two practitioners, and two academics prior to being administered to encourage the development of robust, clear, and comprehensible questions (Barrington et al. 2021). Each round remained open for 2 weeks.

We followed the CREDES guidelines (Jünger et al. 2017) for the systematic and rigorous application of the Delphi method. Given that the quality of the results and recommendations '…largely depends on the rigour of the application' (Jünger et al. 2017, p. 703), we applied the Delphi technique systematically and rigorously and demonstrated transparency and clarity in the methodological decisions. Defining participant consensus prior to the commencement of the study was essential (Grant et al. 2018; Jünger et al. 2017). We predetermined that the Delphi would stop after three rounds. Key Delphi study experts describe this predetermined approach as good practice because it reduces many forms of bias (Chaffin and Talley 1980; Linstone and Turoff 2011).

Panellists without prior experience of the Delphi process can experience difficulty understanding the processes involved and engaging meaningfully (Biggane et al. 2019). We proactively maintained contact with panellists and provided clear self-explanatory instructions (including a short video on the essential elements of Delphi studies and how to participate online) for less experienced panellists (Beretta 1996; Khodyakov et al. 2020). To facilitate participation, we ensured each survey did not take longer than 30 min to complete (Donohoe et al. 2012).

The Delphi Rounds

Round one of the Delphi study was an open survey. Panellists were asked to consider and generate salient items for the tool. They were also asked ranking and multiple-choice questions to start to narrow down some of the very broad ideas from the focus groups on what should be in the tool. The panel rated 45 items (distinct parts for the tool that constitute what the tool assesses and focusses on, for example, a scale for neglect severity and the neglect definition used) and elements (features of the tool's design and look that support its aims, for example, hyperlinks for research and the use of 10-point scales) for the tool in round two on 9-point Likert scales. The following criteria were applied:

- Scores of 1–3 indicated that an item was of limited importance for the tool;

- Scores of 4–6 indicated that an item was important but not essential for the tool;
- Scores of 7–9 indicated that an item was critically important for the tool.

Panellists were also asked to comment on the reasoning for their ratings in free-text boxes located beneath scales. The survey for round three modified that of round two through the inclusion of group statistical responses, asking panellists to re-evaluate their responses in light of this information. The panel rated 31 items/elements in round three. We provided panellists with controlled feedback in the form of summaries of responses (de Meyrick 2003). A range of studies using mixed panels of experts have found that consensus is most likely to be achieved by providing summary feedback to all panellists (as opposed to feedback for each different stakeholder group) and providing the rationale behind the responses (Brookes et al. 2016; Fish et al. 2018; Meijering and Tobi 2016). We applied this approach. The panellists were provided with simple colour-coded feedback (based on the Ram analysis technique)—green indicated it was rated as essential, yellow indicated it was important but not essential, and red indicated it was of limited importance (Grant et al. 2021; Montgomery et al. 2019). They were also provided with the basic average rating for each item by the whole panel. The steps taken led to consensus on the items to include in the neglect measurement tool. The facilitation of an online discussion board between the Delphi rounds encouraged active discussions among the panellists (Khodyakov et al. 2020).

2.4. Analysis

2.4.1. Qualitative Analysis

We analysed the data from the focus groups using manual thematic analysis, as the data set was relatively small (Braun and Clarke 2019). The manual method implemented allowed for a deep understanding of the material and reflection on some of the nuances in both the meaning and language used by the range of participants (Sykora et al. 2020). In order to improve internal validity, we undertook two primary steps. First, two members of the research team independently coded and analysed the same focus group transcript to compare the findings and interpretations (Bird et al. 2013). Second, we checked with two participants from each focus group that the themes generated seemed reasonable to their experience (Elliott et al. 1999).

The qualitative data gathered through the Delphi rounds were in the form of short-form free-text data answers. We analysed these data using qualitative content analysis. This approach emphasises the construction of meaning from the data, so the categories were not pre-decided; rather, they emerged from the data (Goodings et al. 2013; Snee 2013). As the data set was relatively small, manual coding was undertaken, supported by the Qualtrics platform to count the categories that emerged from the data (Chew and Eysenbach 2010). Those most frequently present were then taken forward as the key concepts for the panellists to consider in the next round.

2.4.2. Quantitative Analysis

We analysed the rating and ranking data to determine the existence of consensus among the participants (Grant et al. 2021; Khodyakov et al. 2020). Lynn (1986) suggested that for a tool to achieve content validity, a minimum of 80% of experts should agree on each item. This threshold has been applied in studies by Eubank et al. (2016) and Paek et al. (2018), for example. The following consensus definition was applied in this study:

> *Consensus will be achieved when 80% or greater of participants rate an item as of critical importance, so 7, 8, or 9 on the 9-point Likert scale.*

We analysed the multiple-choice data from round one through simple multiple-response analysis on the Qualtrics platform. We analysed both percentages for each option and interquartile ranges to assess consensus (Beiderbeck et al. 2021). The options with higher percentages progressed to round two, with the cut-off point set where the percentage decreased significantly from one option to the next, signifying the option as a significantly less popular choice. We analysed the ranking data from round one by calculating the mean scores, with the cut-off point set where the mean increased significantly. The lower the mean score, the higher the panel ranked that item. Figure 3 depicts this analysis stage.

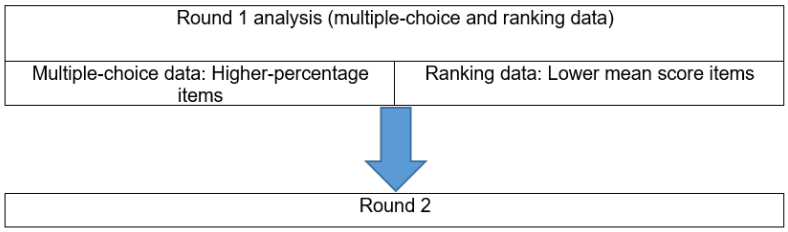

Figure 3. Round one analysis of multiple-choice and ranking data.

We applied the consensus definition to data gathered in rounds two and three to determine which items to include in the tool. Items were included in the tool when 80% of the panellists or more rated them as critically important and where at least two out of the three different expert groups accorded this rating. We, therefore, carried out an analysis of variance among the three expert groups. As the data were non-parametric, we applied the Kruskal–Wallis one-way analysis of variance to see whether the median responses for each item differed significantly by expert group (Hohmann et al. 2018).

3. Results

3.1. Focus Groups

We invited 16 experts to participate in the focus groups, and all agreed to participate. As the groups had an analytical function, smaller numbers of participants were desirable (Acocella and Cataldi 2020). Seven of the participants were experts by experience, seven were practitioners (from social work, health, education, and family support fields), and two were academics. The majority were white (14), with one participant of mixed ethnicity, and one Asian. Table 1 shows the sociodemographic characteristics of the focus group participants.

The focus groups ran for up to 60 min to ensure that a range of topics was covered but that participants did not become fatigued. Clarity on the topics to be discussed and proposed timings for each topic supported them to run smoothly (Bloor et al. 2001). The groups provided us with important perspectives on measuring neglect and a more focussed survey for round one (Kvale and Brinkmann 2015; Keeney et al. 2001). They supported the understanding of the language and the concepts the three different expert groups used on child neglect. This was important to ensure that we used language in the study that was understandable and relevant for all (Barrington et al. 2021).

Table 1. Sociodemographic characteristics of the focus group participants.

Total (*n* = 16)	Practitioners/Academics (*n* = 9)	Experts by Experience (*n* = 7)
Sex		
Male	4	1
Female	5	6
Age (years)		
18–39	2	4
40–59	6	3
Over 60	1	
Ethnic group		
White	9	5
Mixed/multiple ethnic group		1
Asian/Asian British		1
Professional role		
Academic	2	
Social worker	2	N/A
Manager	2	
Other professional	3	

3.2. Delphi Study

We recruited 75 Delphi panellists, with a view to accepting a response rate of 50, as attrition is a feature of Delphi studies. Sixty (80%) agreed to participate. The number recruited was slightly higher than longstanding views on the desired numbers of panellists for Delphis and more recent reports on desired numbers for online Delphis (Khodyakov et al. 2020; Linstone and Turoff 2002). This decision was taken to ensure the inclusion of sufficient numbers from each expert group and to ensure the participating local authority had sufficient multi-agency representation. The majority of the panellists identified as white (83%) and were in professional roles (70%). Academics comprised 17% of the panel; experts by experience, 13%. The completion rates were very high: 90% for the academics, 88% for the professionals, and 87.5% for the experts by experience. Table 2 shows the characteristics of the Delphi panel and their completion rates.

Table 2. Characteristics of the Delphi panel and completion rates.

Total (*n*= 60)	Practitioners (*n* = 42)	Academics (*n* = 10)	Experts by Experience (*n* = 8)
Age (years)			
18–39	14	1	5

40–59	25	6	2
Over 60	3	3	1
Ethnic group			
White	38	8	6
Mixed/multiple ethnic group	2	1	1
Asian/Asian British			1
Other ethnic group	2	1	
Professional role			
Social worker	17	N/A	N/A
Manager	8		
Other professional	17		
Completion rate %	88%	90%	87.5%

Completion rate is defined in our study as completing the 3 Delphi rounds.

Table 3 shows the items (distinct parts of the tool that constitute what the tool assesses and focusses on, for example, a scale for neglect severity and the neglect definition used) and elements (features of the tool's design and look that support its aims, for example, hyperlinks for research and the use of 10-point scales) that reached consensus to be included in the draft tool. Eighteen items reached the consensus threshold in total. Of these, 6 reached consensus in round two, and 12 in round three. Fifteen elements reached the consensus threshold in total. Of these, eight reached consensus in round two, and seven in round three. Five items did not reach consensus, and six elements did not reach consensus. The Kruskal–Wallis tests revealed that for all but one of the items and elements selected for the tool, the medians were considered equal across the expert groups. The data for each item and element selected for the tool are included in Table 3, while the data for each item and element not selected for the tool are included in Table 4.

There were two items where reaching consensus was more complicated. The panel agreed that the tool should use a family-friendly definition of neglect (a definition that does not pathologise families), but the two options offered in round two did not reach consensus. We, therefore, held a focus group with this study's advisory group, leading to both options being amended for round three. In round three, neither option reached consensus; 71.4% of the panel rated option one as of critical importance, and 54.9% rated option two as of critical importance. We decided to include option one in the tool, as this option scored significantly higher. This defines neglect as 'when a child/young person's needs are not met, to a level that results in avoidable harm to their health, development or wellbeing. Neglect may be caused by family difficulties or through families not having enough resources or support to meet their children's needs'.

Two options for capturing children's and young people's views reached the 80% threshold for inclusion. Option one (an open text box with prompts) was included, as it had a higher rating (83%) than option two (an open text box with prompts and options for drawing by the child/young person) (82.3%). However, given how close these ratings were, an option was included in the tool to attach a drawing.

The panel agreed that questions in the tool using a scale as the answer type should be positively scaled, with scales running from 0 to 10. Furthermore, these should be augmented by qualitative data. So, for

example, the tool asks for a numerical rating running from low to high in severity, and then asks for examples of the severity of the neglect. The panel agreed on the importance of including a range of hyperlinks to guidance and research. The aim was to include one short piece of research/guidance for ease in practice and one longer open-access academic journal article to encourage research literacy. However, given the limited research base for child neglect, this was not possible for all options. The hyperlinks will be reviewed annually to ensure the knowledge being accessed is up to date.

The free-text responses of the panellists in the Delphi rounds revealed a number of themes important for the tool and its development. One way the group suggested the tool could support informed practitioner decision-making was by adding free-text boxes linked to scales, with these boxes used to provide evidence to support the rating given. They also suggested that including a section on parents' aspirations for their children could support motivation for change, and further, that the review section of the tool should be set at 3–6 months and used to review the actions taken and the support services offered and their impacts for better or worse.

The draft family and wider social neglect measurement tool was developed from the items and elements that reached consensus in the Delphi study. An outline of its contents can be found in Table 5 on page 19.

Table 3. Items and elements selected for the tool.

Tool Item	Round 2 (% Rated of Critical Importance/Median)	Round 3 (% Rated of Critical Importance/Median)	Kruskal–Wallis Test	Number Panellists Who Rated the Item (in Round Where it Met Consensus Threshold)
1. Opening statement to include:				
Description of the nature of the tool itself	70.9%/7.5	86.5%/7.7	H(2) = .950, p = .622	52
Family-friendly neglect definition	84%/7.8	Not required	H(2) = 3.938, p = .140	50
Neglect definition 1 *	68.5%/6.7	71.4%/7.1	H(2) = 4.316, p = .116	49
Executive summary below the tool's opening statement	62.5%/7	84.6%/7.4	H(2) = 3.879, p = .144	52
2. How to identify neglect in the tool:				
List of neglect types	68.5%/7	82.7%/7.4	H(2) = 2.010, p = .366	52
3. How to identify family, organisational, and societal neglect drivers:				
Section for each	73.1%/7.2	88.2%/7.7	H(2) = 0.481, p = .786	51
Each section to focus on strengths and concerns	98%/8.5	Not required	H(2) = 9.002, p = .11 (item kept as all expert group means greater than 7)	51
Each section to focus on dynamic factors	84.3%/8.1	Not required	H(2) = 1.343, p = .511	51

4. Tool scales (design):				
10-point scales	69.2%/7.1	86.3%/7.6	H(2) = .087, p = .957	51
Text box to explain rating given	92.2%/8.3	Not required	H(2) = 1.305, p = .521	51
Text box to be used to provide neglect examples	80.4%/7.7	Not required	H(2) = 0.485, p = .785	51
Text box to be used to identify knowledge to support rating given	67.3%/7.2	86.8%/7.6	H(2) = 0.852, p = .653	53
5. Tool scales (focus on neglect impacts and care provided):				
Current impacts for child	98%/8.6	Not required	H(2) = .742, p = .690	50
Anticipated future impacts	71.2%/7.1	84.6%/7.4	H(2) = 2.055, p = .358	52
Current level care provided	82%/7.7	Not required	H(2) = .467, p = .792	50
Tool to capture timing of neglect for child	76.9%/7.7	94.2%/7.8	H(2) = 1.237, p = .539	52
6. Support section of the tool:				
Scale family's capacity change with support and resources	82%/7.7	Not required	H(2) = 2.881, p = .237	50
Section for level of intervention recommended	73.5%/7.3	94.2%/7.7	H(2) = 1.186, p = .553	52
Section for matching neglect issues with available support	67.3%/7.3	80.8%/7.4	H(2) = 4.185, p = .123	52
Section for previous support and its effectiveness	70%/7.2	94.3%/8.1	H(2) = 1.131, p = .568	53
Section for parents' aspirations for child	68%/7	83%/7.5	H(2) = .906, p = .636	53
Section for follow-up review	89.6%/8	Not required	H(2) = 2.386, p = .303	48
7. How to best capture parents and carers' views:				
Open text box with prompts	77.6%/7.7	96.2%/8.8	H(2) = 3.079, p = .214	53
8. How to best capture children/young people's views:				
Open text box with prompts	79.2%/7.3	83%/8.6	H(2) = 2.595, p = .273	53
9. Professionals' contributions to the tool:				
One lead professional responsible for tool	78.4%/7.4	90.2%/7.9	H(2) = 4.119, p = .128	51
Other professionals to complete only sections relevant to them	59.2%/6.6	73.1%/7 (decision taken to include as this option scored significantly higher than the other option proposed to the	H(2) = 1.220, p = .543	52

		panel—please see Table 4)		
10. Tool to contain hyperlinks to guidance and research for:				
Types of neglect	82%/7.7	Not required	H(2) = .485, p = .785	50
Neglect severity and chronicity	82.4%/7.6	Not required	H(2) = 2.147, p = .342	51
Causes and complicating factors for neglect	84.3%/7.6	Not required	H(2) = 3.264, p = .196	51
Impacts for child	88.2%/8.1	Not required	H(2) = 3.157, p = .206	51
Support for family by multi-agency team	72.6%/7.2	92.2%/7.7	H(2) = 1.756, p = .416	51
Parent/carer capacity change	80.4%/7.5	Not required	H(2) = 8.855, p = .012 (item kept as all expert group means greater than 7)	51
11. Guidance for assessors completing the tool: Include how to complete tool, that tool draws on best evidence, and explanation about its focus on how social disadvantages can contribute to neglect	65.3%/7.1	86.3%/7.8	H(2) = .994, p = .608	51

* Neglect definition 1: Neglect is when a child's needs are not met, to a level that results in avoidable significant harm to their health, development or wellbeing. Neglect may be caused by family difficulties or through families not having enough resources or support to meet their children's needs.

Table 4. Items and elements not selected for the tool.

Tool Item	Round 2 (% Rated of Critical Importance/Median)	Round 3 (% Rated of Critical Importance/Median)	Number Panellists Who Rated the Item (in Round 3)
1. Opening statement to include:			
Emphasis on children's rights	69.8%/7.5	78.4%/7.3	51
Neglect definition 2 *	45.3%/6.2	54.9%/6.5	51
2. How to identify neglect in the tool:			
Open text box with prompts	59.6%/6.8	61.5%/6.6	52
3. How to identify family, organisational, and societal neglect drivers:			
Open text box with prompts	63.3%/6.7	56%/6.4	50
4. Tool scales (design):			
Traffic light system	56.9%/6.8	52%/6.2	50
5. How to best capture parents and carers' views:			
Set questions to ask parent/carer	57.1%/6.4	41.2%/6.2	51
6. How to best capture children/young people's views:			
Set questions to ask child/young person	41.7%/6.6	31.4%/5.3	51
Open text box with prompts and options for drawing by the child/young person	72.6%/8.6	82.3%/8.6	52

7. Professionals' contributions to the tool:			
Non-lead professionals to complete all sections of tool	45.7%/6.1	40%/5.7	50
8. Tool to contain hyperlinks to guidance and research for:			
Level of care provided	78%/7.5	78.4%/7.4	51
9. Guidance for assessors completing the tool:			
Very short and simple, focussing on how to complete tool	61.2%/6.6	42%/5.7	50
Include how to complete tool and that tool draws on best evidence	59.6%/6.7	56%/6.6	50

* Neglect definition 2: Neglect is when there is an absence of care or resources for a child that results in avoidable significant harm to their health, development, or wellbeing. For the purpose of this assessment, we need to understand if this is a result of parental care or a lack of resources or support being provided for the family by organisations or government. Note: Scales for neglect severity and chronicity universally designated as essential by the panel in round 1, so taken directly to be included in the tool.

Table 5. Contents of the 'family and wider social neglect measurement tool'.

Section	Focus of the Section
1. Introduction to the tool	• Tool's ethos of being family-centred and completed with families to assess both strengths and concerns. • Tool's aims of balanced and evidence-informed assessments that are inclusive of social harms and supportive of proactive and preventative practice. • Neglect definition adopted. • Assessment overview box to capture the key points of the completed assessment.
2. Current level of care and how severe and chronic the neglect is	• Scales for current level of care, neglect severity, and how chronic the neglect is. • Accompanying free-text boxes for current level of care, neglect severity, and chronicity that ask the assessor to provide examples supporting the rating and key evidence from research or guidance supporting the rating. • Hyperlinks to research on neglect severity and chronicity.
3. Neglect identification	• Asks assessor to identify which neglects from the tool's neglect typology are present (physical, medical, educational, emotional, social, and lack of supervision and guidance). • Asks assessor to identify the severity of each neglect type—mild, moderate, or severe. • Hyperlink to research on types of neglect.
4. Impacts of neglect for the child/young person	• Scales for current and anticipated future impacts of the neglect for the child/young person. • Accompanying free-text boxes that ask the assessor to provide examples supporting the rating and key evidence from research or guidance supporting the rating. • Asks assessor to evaluate the timing of the neglect for the child/young person and the significance of the timing of the neglect for the child/young person and their development.
5. Causes, complicating factors, and strengths	• Focusses on causes, complicating factors, and strengths at the family, organisational, and community/society levels. • For each, asks the assessor to identify concerns, strengths, and dynamic factors (factors open to change).

	• Hyperlink to research on causes and complicating factors for neglect.
6. Family members' views	• Asks for accurate and full account of parents/carers' and child/young person's views on family life, levels of care, neglect concerns, strengths, and support they need. • Asks for parents/carers' hopes and aspirations for the child/young person and how these can be used to encourage positive change.
7. Support for the family	• Focusses on support and change at family, community, and society levels. • Scale for family's capacity to address the neglect concerns with appropriate support and resources. • Accompanying free-text box that asks the assessor for examples supporting the rating and key evidence from research or guidance supporting the rating. • Asks the assessor to match key issues and neglect causes with available support and services to develop the support plan. • Hyperlinks to research on capacity for change and support for families.
8. Summary of scores and level of intervention	• Summary of scores for completed scales. • Asks for level of intervention recommended. • Provides guidance on levels of intervention for mild, moderate, and severe neglect.
9. Follow-up review	• Review at 3/6 months, including on main neglect concerns, causes/contributing factors, strengths, support provided, and level of intervention recommended. • Support plan for next 3 or 6 months.
Guidance for assessors	• Concise guidance on how to complete the tool as a multi-agency team, how to draw on best evidence, and the ways social disadvantages can contribute to neglect. • Hyperlink to national guidance on child neglect.

4. Discussion

This study represents the first effort in the field of social work to identify and reach expert consensus through a Delphi study on the development of a new child neglect measurement tool. The draft 'family and wider social neglect measurement tool' was developed through a rigorous and systematic but also collaborative research project. The overarching evidence-based methodology has been inclusive of the knowledge developed through practice and lived experience, in line with more recent trends in evidence-based research (Oliver et al. 2019; Wieringa and Greenhalgh 2015). This has been important for a research project focussed on impacting real-world practice and producing knowledge in ethical and fair ways (Barber et al. 2011). The Delphi study reported in this paper has acted as an important stage in this process, building on the findings of the systematic review to develop items and elements for the draft tool. It offered a systematic approach to gathering the views of a range of experts, free from group pressures and associated socio-cognitive biases (Grant et al. 2018; Khodyakov et al. 2020). Delphi studies can act as important components of evidence-based approaches in under-researched areas, such as child neglect (Lee et al. 2011).

There are a number of features of the Delphi study that have promoted the draft tool's internal, content, and construct validities and sensitivity and specificity. The application of the CREDES guidelines supported a comprehensive and rigorous Delphi study. The Delphi panel

constituted a relatively large number of experts in child neglect. There were very high response rates and high rates of agreement among the panel members and the three different expert groups as to what items and elements should be included in the tool. We set an 80% consensus threshold for the inclusion of items and elements.

Proctor and Dubowitz (2014) stated 'At a minimum, an assessment should determine whether or not neglect has occurred, the nature and severity of the neglect, whether the child will be safe, what factors are contributing to the neglect, what protective factors are present, and what interventions have been tried, with what results' (p. 44). Our draft tool covers these fundamental areas required to be comprehensive for assessing child neglect, and may offer face, content, and construct validity. Its reliability, validity, sensitivity, and specificity will need to be tested in the forthcoming pilot phase of the project.

The included items and elements should support the tool's aims of:

- Accurately assessing child neglect;
- Supporting balanced and evidence-informed assessments inclusive of strengths as well as concerns;
- Supporting assessments inclusive of factors that make family life and family wellbeing harder, such as social isolation and poor housing.

The draft tool has nine short-labelled sections and clear, concise guidance for assessors. It contains hyperlinks to research and guidance on key areas, such as neglect severity, the adopted neglect typology, and causes of and complicating factors for neglect. Table 5 on page 19 shows the main contents of the tool.

There are a number of features that distinguish the family and wider social neglect measurement tool from other child neglect assessment tools we examined in the systematic review and commonly used tools such as the Graded Care Profile (1 and 2). Although these tools have strengths and important features to learn from, they all present missing elements. Firstly, our tool is free for all, not behind a paywall. It focusses on the presence or absence of actual child neglect, and its severity, chronicity, and type. This differs from tools such as the Graded Care Profile (1 and 2) or the HOME tool, which essentially assess the quality of care provided. There is a range of differences between our tool and those considered to have been rigorously tested in the systematic review. It adopts the comprehensive neglect typology used for this study, assesses neglect chronicity, has a specific support section to indicate the type of support the family requires, and incorporates a review section to measure change. It can complement more general children and families in multi-agency assessments.

The adoption of a social harm framework in the project and Delphi study offers a new approach to understanding child neglect within the contexts of wider society, government policies, and organisational practices. It provides a robust lens for analysing the complex drivers for neglect and family (dys)function from family to societal levels. There have, therefore, been fundamentally different conceptual and value bases guiding the tool's development. In the Delphi study, the panellists were asked to consider the relevance of social harms to the tool and how these could be included in the tool. Other tools, such as the GCP (1 and 2) and Trocmé's (1996) Child Neglect Index, for example, primarily focus on the

family level, whereas the family and wider social neglect measurement tool, supported by the social harm framework, looks to key risk and protective factors for neglect from the family to societal levels, while having an ethos of being family-focussed and not just child-focussed.

However, this study has limitations. The results offer the collective views of a particular group of experts on measuring child neglect (Hasson and Keeney 2011). The Delphi panellists were mainly from the UK, and a majority were White British practitioners. Experiential and practitioner knowledge has been criticised for simply reflecting their own experiences and outlooks, while lacking a wider understanding of the systems and societies in which they work or participate (Castro et al. 2018; Solbjør and Steinsbekk 2011). This was evident in some of the free-text answers and suggestions for the key drivers of neglect. While Delphi studies are viewed as democratic processes, those in the minority groups (experts by experience and academics) may have been influenced to change their views based on the views of those in the majority group (practitioners) (Powell 2003). There remains limited guidance on the desired balance between qualitative and quantitative data in Delphi studies. The approach used in this study may have differed from another group of researchers approaching the same study, leading to potentially different results and, therefore, a different tool (Keeney et al. 2001). The draft tool remains to be tested, but this is currently underway in a pilot study as the final stage of this project.

4.1. Implications for Practice

The family and wider social neglect tool aims to support evidence-based and research-informed child neglect assessments and decision-making in practice. This is important given that child welfare academics have, over many years, advocated for more research and evidence-based approaches to assessing child neglect (Brandon et al. 2013; Dubowitz et al. 1993; Dubowitz 2007; Macdonald 2001: Stevenson 1998; Tanner and Turney 2003; Taylor and Daniel 2015). The social harm framework adopted and enacted in the Delphi study reminds practitioners that neglect cases are often characterised by difficulties ranging from the familial to the societal level and families facing a range of social harms, notably, socioeconomic disadvantage (Bywaters et al. 2022; Lacharité 2014). The tool's focus on strengths and concerns, alongside this range of drivers for neglect, should encourage family-centred practice and a focus on needs and unmet needs, as opposed to a singular focus on risk. The inclusion of parental hopes and aspirations for their children reflects the literature that suggests their importance for motivation to change (Boddy et al. 2016; Koprowska 2014). The tool's focus on community-based support may act as one step towards reconnecting professional systems with communities and the support they can offer.

Research on the impacts of COVID-19 on practice has revealed new time pressures on social workers and allied professionals and less opportunity for them to visit families to assess family life and environments (Baginsky and Manthorpe 2020; Cook and Zschomler 2020; Ferguson et al. 2022). Our succinct tool should support practitioners to produce concise neglect-focussed assessments within this new practice landscape.

4.2. Implications for Research

This study has demonstrated the potential benefits of employing the Delphi technique for the development of tools and measures in social work research. The study design, with distinct developmental stages followed by Delphi rounds, can function as one example for the development of rigorous Delphi approaches in social work research. The approach adopted has shown how Delphi studies and evidence-based approaches can be inclusive, collaborative, and ethical while generating robust and valid knowledge.

The inclusion of parents with experience with children and family social work (an often-marginalised group in research and practice) in a Delphi study and project focussed on a statutory multi-agency arena demonstrates some possibilities for evidence-based research that aims to be inclusive of the knowledge gained through lived experience. The approach adopted chimes with codes of ethics for social work research, such as those presented by Butler (2002) and JUCSWEC (2008). The focus on neglect as a social form of harm with a range of drivers is important for research that aims to study neglect within its wider social and societal contexts.

4.3. Next Steps in the Study

The next phase of this project is to pilot the draft child neglect measurement tool with multi-agency practitioners in the participating local authority. This phase will test the tool's validity, reliability, sensitivity, specificity, and useability in practice. It will employ a test-retest method and gain the views of practitioners and families on the tool.

5. Conclusions

This Delphi study employed a mixed panel of experts to develop a new multi-agency child neglect measurement tool. The tool is succinct, may be useable by a range of practitioners in multi-agency settings, and is inclusive of how social harms can contribute to neglect. It aims to support informed assessments and decision-making in cases of child neglect.

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9 Journal Article 3: Exploring Social Workers' Views on Assessing Child Neglect in England and Wales

(pagination: p. 187)

Journal article 3 describes and discusses the online survey administered to gather the views of registered children and families social workers in England and Wales on assessing child neglect. The survey asked 12 questions on the subject under four themes (please refer to appendix 12 for the survey). It acted as an extension to phases 1 (systematic review) and 2 (Delphi study). A total of 129 social workers completed the survey. The responses revealed that social workers undertake assessments of child neglect regularly and have relatively high levels of confidence undertaking these assessments. They revealed that social workers feel less confidence in the accuracy of their assessments and the accuracy and usability of the neglect assessment tools they use. The responses portrayed that social workers are relatively confident that their assessments are inclusive of wider social disadvantages, but lack confidence that the assessment tools they use capture these elements.

The findings of the survey can support the *Good Enough Care Assessment Tool* to be implemented in a manner that is inclusive of the views of practitioners on assessing child neglect, the conditions they need to undertake these assessments with families, and features they view as required for child neglect assessment tools.

As discussed in the article, demographic information was not collected, due to the potential for its collection to discourage participation by children and families social workers. However, its omission does present limitations, and upon reflection, I would have collected demographic data if designing and administering the survey

again. Demographic information is important for assessing the representativeness of research samples and for analysing subgroups within the sample (Connelly, 2013). Without demographic information it is not possible to identify sampling bias (Vogt & Johnson, 2011). Demographic information can be important for secondary analysis of research studies and for comparisons with replications of studies (Connelly, 2013; Hammer, 2011).

Despite these limitations, the survey gained some valuable data on children and families social workers' views on assessing child neglect and the assessment tools they use. It represented the first survey to gather the views of these practitioners in England and Wales on assessment of child neglect. Its development and distribution provided a number of points of learning, both in terms of survey development and collaboration with national organisations, such as BASW, in research endeavours.

Title: *Exploring social workers' views on assessing child neglect in England and Wales*

Abstract

Child neglect poses many issues for social work, notably in terms of effective assessment leading to informed intervention targeting the needs of children and families. In response to this challenge, our multi-phase research project is developing a new multi-agency child neglect measurement tool. The phase of the project reported in this article administered an online survey via Qualtrics to explore children and families social workers' views on assessing child neglect. 129 completed responses were received from registered children and families social workers in England and Wales. The main findings are that social workers are regularly undertaking child neglect assessments and feel relatively confident in completing them. They also feel relatively confident that their assessments are inclusive of social harms such as poverty and social isolation, but less confident they are accurate and informed by research evidence. Almost two-thirds are using a child neglect assessment tool, but they lack confidence in these accurately assessing neglect or being quick and simple to use. The findings illustrate that social workers require both the work conditions and tools to use in which they feel confident to undertake balanced and accurate assessments of child neglect.

Keywords: *Child neglect, child maltreatment, assessment, survey, children and families social work, child protection*

Key practitioner messages

1. Social workers feel relatively confident about their abilities to assess child neglect.

2. Social workers report regularly using tools to assess child neglect but doubt their accuracy and usability in practice.

3. Social workers need to be effectively supported, organisationally and with appropriate tools, to produce balanced and accurate assessments of child neglect.

Introduction

Child neglect is prevalent across societies (Horwath, 2013; Stevenson, 2007). It constituted the majority (52%) of initial child protection plans in England and 42% of child protection registrations in Wales in 2020-21 (DfE, 2021; StatsWales, 2022). Similarly high levels are found in a range of other Western countries (Stoltenborgh et al., 2015). Child neglect has significant costs and impacts for children, families, communities and societies (Stevenson, 2007). Its impacts can be significantly harmful, and even fatal, for children (Solem, Diaz & Hill, 2020).

Although social workers take the lead in identifying and intervening in child neglect, it remains a complex riddle that social work struggles to solve (Lacharite, 2014; Proctor & Dubowitz, 2014). Holistic and supportive intervention starts with thorough and accurate assessment, but assessments of child neglect range from good to inadequate (Brandon et al., 2020; Ofsted, 2014). Research has highlighted that social workers can struggle to effectively assess the complicated array of factors often present in child neglect cases and that inaccuracy and confusion in assessments can ensue (Horwath, 2013; Lacharite, 2014). Families can be subject to repeated assessments that defer important case decisions and produce drift and delay in child neglect cases (Brandon et al., 2020; Proctor & Dubowitz, 2014). For a variety of reasons, including the limited evidence-base on neglect, social workers can tend to rely on practice wisdom rather than research evidence in their assessments (Proctor & Dubowitz, 2014).

A range of serious case reviews have identified problems with professionals' assessments of child neglect and the substantial role poor assessments can play in significant harm and fatality from neglect (Brandon et al., 2020; Solem, Diaz & Hill, 2020). These assessments and decisions are taking place within policy contexts that tend to emphasise the family level drivers for neglect and parents' failures to meet the needs of their children (DfE, 2018; Welsh Government, 2018), and child protection systems that have become increasingly authoritarian, risk-focused and interventionist (Gibson, 2019; Horwath, 2103; Solem, Diaz & Hill, 2020). This direction of travel was encapsulated following the death of Arthur Labinjo-Hughes in 2020, when the then education secretary Nadim Zahawi stated '…if there is any evidence, any inkling, any iota of harm to any child, that child [should be] taken away immediately'.

Assessment of child neglect is complicated by its association with a range of factors that make family life harder (social harms) such as poverty and community deprivation (Lacharite, 2014). The links between socioeconomic status and the probability that a child will suffer neglect are well established (Bywaters et al., 2022). For assessments to be holistic and balanced, the

interplay between such wider social forces and family level factors need to be fully included. However, poverty and other social harms are not core business for front line practice (Bywaters et al., 2022; Lacharite, 2014). This despite child poverty caused by benefit cuts being associated with an additional 10,536 children becoming looked after in England between 2015-20 (Bennett et al., 2022).

These issues underline the importance of social workers using rigorously developed tools to assess child neglect, as they can increase the accuracy, comprehensiveness and quality of assessments (Barlow, Fisher & Jones, 2010). However, the findings of our systematic review indicated a lack of useable, and rigorously developed and tested, child neglect assessment tools (Haworth et al., 2022). The development of a concise evidence-based child neglect assessment tool therefore appears important.

Existing work on social workers' views on assessing child neglect

There has been limited research into social workers' views on assessing child neglect. To date, there have been a small number of generally small-scale studies that have aimed to explore these views as part of their methodology. In the UK, in Daniel and Baldwin's (2001) study, social workers stressed how good assessments of neglect take time and shared frustration at the lack of family friendly resources to support their assessments. The workers in the study were found to be using a variety of assessment frameworks, with none viewed as fully satisfactory. Their assessments were found to only sporadically pay attention to broader social issues impacting families, such as poverty and deprivation. In Horwath's (2005) study social workers shared concerns about how much allowance to give in their assessments for factors that make family life harder such as poverty, and an often unfulfilled desire to be supported to critically reflect on their assessments and the information contained within them. In Casey and Hackett's (2021) study practitioners (including social workers) shared dilemmas around cases being neglect or poverty, and articulated significant issues around thresholds for intervention in cases of neglect. They disclosed limited use of assessment tools and concerns that the standardised and bureaucratic nature of assessment forms led to generalised assessments not inclusive of the specific realities of families' lives (Casey & Hackett, 2021).

In the US, in DeLong and Bundy-Fazioli's (2013) study child welfare workers, including social workers, discussed the complexity of neglect and a whole range of issues making accurate assessment difficult, ranging from lack of clear and agreed definitions to conflicting understandings of neglect with parents. They highlighted the need for assessment to lead to earlier intervention. In DeLong Hamilton, Krase and Bundy-Fazioli's (2016) study child welfare workers, including social workers, discussed how assessments of neglect can vary significantly

based on the worker, and the challenges neglect's complex nature poses for effective assessment. In Coope and Theobold's (2006) study in Guatemala social workers shared the importance of recognising poverty as a key driver for neglect in assessments and recognising the role of governmental neglect of families.

Together, these studies demonstrate that the complex nature of child neglect raises significant challenges for professional assessments and decision-making. The literature portrays that practitioners struggle to effectively include wider social disadvantages in their assessments and have varying levels of recognition on the roles they can play in child neglect cases. It reveals that practitioners do not appear to believe they have the tools, resources or support to effectively assess child neglect. Finally, that there is significant inconsistency in standards of assessments of child neglect and approaches adopted to its assessment in practice. While the existing literature highlights some important issues, significant gaps, and a lack of clarity, in the knowledge base on how social workers view and understand assessing child neglect remain. This forms part of a wider picture of limited knowledge on, and rigorous research into, assessment of child neglect (Haworth et al., 2022; Horwath, 2013).

The research project

Our survey into social workers' views on assessing child neglect was undertaken in collaboration with the British Association of Social Workers (BASW) and BASW Cymru. BASW act as the largest professional association of social workers in the UK and provide an important voice for social work and professional standards. They have over 22,000 members. However, this number represents less than a quarter of the social work workforce in the UK (BASW, 2022).

The survey sought the opinions of registered children and families social workers in England and Wales on assessing child neglect in frontline practice. The research project is primarily focussed on these two countries, which have broadly similar legal and policy contexts for child neglect (DfE, 2018; Horwath, 2013; Welsh Government, 2018),). There are 32,502 registered children and families social workers in England. Of these 87% are female and 55% aged between 30 and 49. Ethnicity is known for 81%, with 77% white and 23% from an ethnic minority group (DfE, 2022). In Wales, there are 6,470 registered social workers. Of these 83% are female, their average age is 46 and 88% are white (Social Care Wales, 2022).

The survey forms part of a wider research project developing a new multi-agency evidence-based child neglect measurement tool. This project is collaborative, including significant input from both practitioners and parents from inception to dissemination. The data from the survey

can support the tool to be implemented effectively and in a way that is inclusive of the views of practitioners that undertake the assessments.

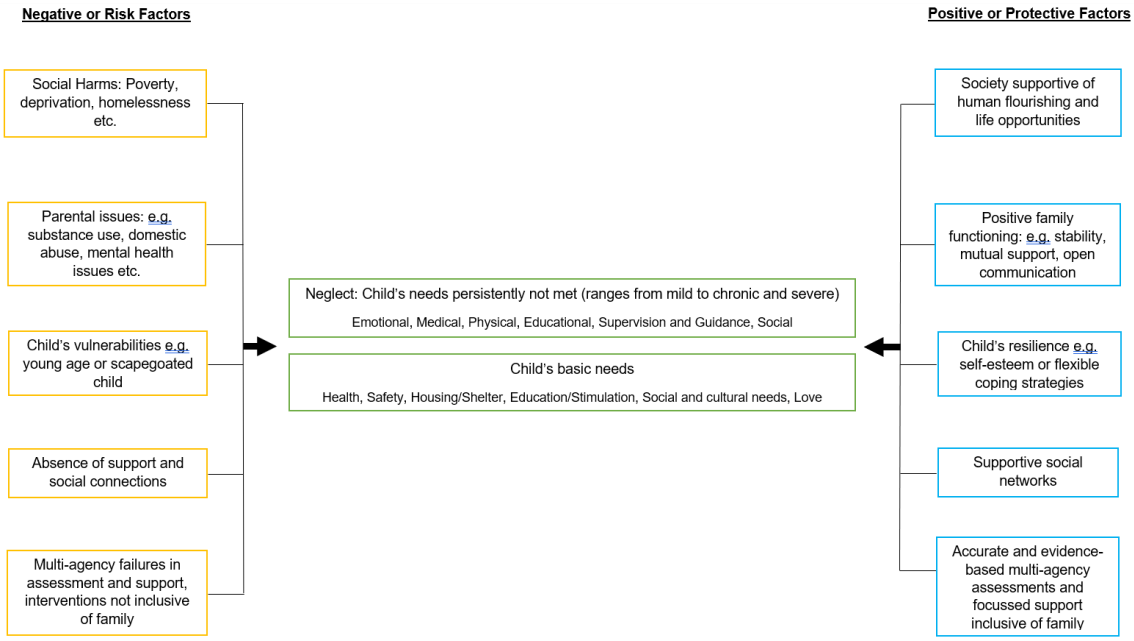
The tool aims to support informed assessments that are also inclusive of key social harms, such as poverty, social isolation and community deprivation. This is important given the body of research linking child neglect with a range of social harms in unequal societies highlighted above. It means there is a different axiological stance driving its development from popular tools such as the Graded Care Profile (1&2).

The research project consists of three other phases and the survey sits as an extension to phases 1 and 2:

- Phase one produced a systematic review of national and international measures of child neglect.
- Phase two conducted an online Delphi study, with a panel of academics, practitioners and parents with experience of intervention for (suspected) neglect, to develop sections and items for the tool.
- Phase three includes a pilot of the developed tool in multi-agency practice.

Our neglect theory of change (see figure 1 below) provides a framework to guide the research project. It depicts children's basic needs, our neglect typology, and key risk and protective factors for neglect at personal, family, professional, community and societal levels. It aims to simply depict the complex social mechanisms influencing child neglect.

Figure 1: Child neglect theory of change



Methods

Data collection

The study was conducted using a short online survey on the Qualtrics platform. The survey was open between 5th September and 31st October 2022. The questions in the survey were developed by the authors from the literature on assessment of child neglect and the impacts of Covid-19 on social work practice, and data gathered through the systematic review and Delphi study. The study's advisory group of practitioners and experts by experience confirmed the questions as comprehensible and relevant.

This process led to the four main question themes highlighted below and supported a focus on key areas requiring exploration. For example, social workers' views on whether their assessments are informed by research evidence and their views on what could enable them to have more time to undertake assessments of child neglect with families. The survey employed Likert scale and ranking questions to elicit participants' views. The Likert scales were designed based on established ideas on evaluative Likert scales (Roy, 2020).

The survey contained twelve questions under four themes:

1. Social workers' confidence in assessing child neglect.
2. The impacts of Covid-19 on their assessments of child neglect.
3. The child neglect assessment tools social workers currently use.
4. Assessment of child neglect within its wider social contexts of poverty, community deprivation and social isolation.

A range of studies have reported time pressures precluding social workers engaging with research studies (Harvey et al., 2013; Wakefield et al., 2022). The impacts of Covid-19 have exacerbated these issues, creating intense time and workload pressures for practitioners and a range of extra demands on their time (Ferguson, Kelly & Pink, 2022). National scale studies employing surveys have often reported very low response rates from social workers (Acquivita et al., 2009; Canda, Nakashima & Furman, 2004). The survey was kept very short and concise to encourage a higher response rate.

Our advisory group's practitioners shared that collection of demographic data could significantly discourage the engagement of children and families social workers, who can often feel heavily monitored and a sense of shame in their roles, as well as concerns about being identified for their views. Feelings and concerns that have been echoed in research studies (Gibson, 2019, Rogowski, 2011). Recent ideas in both market and academic survey research

suggest that people are increasingly wary of sharing personal information such as age, ethnicity or job title and that the least intrusive approach is often the preferable option (Frederick, 2021; Jordan, 2020). Demographic data were not considered to offer any significant aid for analysis or reporting, as both have been focussed on the participant group as a whole, not constituent participant sub-groups. Therefore, participants were only asked for their registration numbers to confirm they are registered social workers and informed that these data would not be stored on the research database or be further analysed.

Participant recruitment

In light of the foci of the survey, the participants were registered children and families social workers from England and Wales. As described above, participants were asked to provide their Social Work England or Social Work Wales registration number to confirm they are registered social workers.

Three recruitment approaches were employed. Firstly, the survey was conducted in collaboration with BASW and BASW Cymru; both organisations therefore advertised it to their members. Secondly, adverts with the survey link embedded were sent out via the Social Care Institute for Excellence, Social Care Wales, the Principal Social Worker Network, the Association of Directors of Children's Services Associates Network, the West Midlands Teaching Partnership and the Gwent Safeguarding Board. Thirdly, adverts with the survey link embedded were sent out via Twitter.

Data analysis

Data collected on the Qualtrics online platform were analysed descriptively. The percentage of respondents who chose each option were calculated for the ordinal data from the Likert scale questions. Medians or modes were not calculated, as they offered no significant insight into the data. Mean scores and the percentage of respondents who ranked each option as their first choice were calculated for the data gathered through ranking questions. This approach was adopted to clearly show how popular each was item through two recognised methods.

There were only two free-text answer sub-questions in the survey. A very small number of responses were recorded to these, less than 10% of respondents for each question. The answers were read through to identify patterns or themes.

Ethics

Ethics approval was sought and received through the University of Birmingham (ERN_22-0346). Informed consent was gained from all participants. Although no personal or sensitive data were collected, all data were stored securely.

Results

A total of 129 registered children and families social workers from England and Wales completed the survey. The entire survey results are freely available via the Open Science Framework here: https://osf.io/xpbfc. The results are set out in this article under the four survey themes highlighted above. The results show that practitioners are regularly undertaking assessments of child neglect, feel relatively confident in undertaking these assessments, but less confident about the accuracy of their assessments. Almost two-thirds reported regularly using a child neglect assessment tool, but practitioners lack confidence in the tools available. They are more confident that their assessments are balanced than inclusive of wider social disadvantages.

Table (Theme) 1: Social workers' confidence in assessing child neglect	
In the past 12 months, how frequently have you undertaken an assessment of child neglect? (129 responses)	
Options	**Responses %(n)**
Never/Rarely	26.36% (34)
Sometimes	27.91% (36)
Frequently/Very frequently	45.74% (59)
How confident are you in undertaking assessments of child neglect? (129 responses)	
Options	**Responses %(n)**
Not at all confident	0.78% (1)
Not very confident	13.18% (17)
Somewhat confident	22.48% (29)
Quite confident	55.04% (71)
Extremely confident	8.53% (11)
How confident are you that your assessments of child neglect are consistently accurate and informed by research evidence? (129 responses)	
Options	**Responses %(n)**

Not at all confident	2.33% (3)
Not very confident	22.48% (29)
Somewhat confident	34.11% (44)
Quite confident	36.43% (47)
Extremely confident	4.65% (6)

As can be seen in Table 1, nearly half of the participating social workers had undertaken assessments of child neglect frequently or very frequently in the last 12 months. A significant majority felt that they were between feeling not at all confident to only feeling somewhat confident in undertaking these assessments. A majority felt quite confident or extremely confident. A range of views were shared on whether assessments were consistently accurate and informed by research evidence. However, less than half of the participating social workers felt confident that their assessments fulfilled these criteria.

Table (Theme) 2: The impacts of Covid-19 on social workers' assessments of child neglect.	
How has your level of confidence in assessing child neglect changed in light of the impacts of Covid-19 on social work and your practice? (128 responses)	
Options	**Responses %(n)**
Significantly deteriorated/Deteriorated	20.31% (26)
No change	64.84% (83)
Improved/ Significantly improved	14.84% (19)

Table 2 highlights how around two-thirds of social workers reported that their confidence in assessing child neglect had not changed in light of the impacts of Covid-19. A slightly higher percentage reported deterioration in their confidence than improvement. When asked what might help in enabling more time to undertake child neglect assessments with families in light of the impacts of the pandemic on practice, respondents drew particular attention to how lower caseloads would help them (80.3% of respondents). Further, better multi-agency working (58.3%), less bureaucracy (53.5%), better organisational support for direct work with families (49.6%), and short and concise assessment forms (48.8%) would all assist.

Table (Theme) 3: The child neglect assessment tools social workers use.
Do you use a specific child neglect assessment tool regularly in your practice when assessing child neglect? (125 responses)

Options	Responses %(n)
No	38.40% (48)
Yes	61.60% (77)

Which of the following tools do you use regularly in your practice? (74 responses)

Options	Percentage of survey respondents %(n)	Percentage of respondents to the question
Graded Care Profile (GCP)	13.95% (18)	24.32%
Graded Care Profile 2 (GCP2)	21.71% (28)	37.84%
HOME	0% (0)	0%
Neglect assessment tool developed by your organisation	13.95% (18)	24.32%
Something else	7.75% (10)	13.51%

Do you think that the tool you use accurately assesses child neglect? (74 responses)

Options	Responses %(n)
Strongly disagree/Disagree	24.32% (18)
Neither agree nor disagree	32.43% (24)
Agree/Strongly agree	43.24% (32)

Do you find the child neglect assessment tool you use quick and simple to complete? (74 responses)

Options	Responses %(n)
Strongly disagree/Disagree	54.05% (40)
Neither agree nor disagree	24.32% (18)
Agree/Strongly agree	21.62% (16)

Does the child neglect assessment tool you use support assessment of factors that can make family life harder, such as poverty, social exclusion or lack of community resources? (74 responses)

Options	Responses %(n)
Strongly disagree/Disagree	54.05% (40)
Neither agree nor disagree	14.86% (11)
Agree/Strongly agree	31.08% (23)

Table 3 presents how almost two-thirds of social workers reported regularly using an assessment tool for assessing child neglect. Around half of those who do regularly use a tool use the Graded Care Profile (either GCP or GCP2), while a quarter use an in-house instrument. However, almost 57% disagreed or did not agree that these tools accurately assess neglect. This may be because over half reported finding these tools long and difficult to complete. Or perhaps because over half reported that the tool they use fails to include factors that make family life harder, such as poverty, social exclusion or lack of community resources. This study's advisory group and Delphi panel have suggested that child neglect assessment tools need to be both simple and easy to use, and inclusive of social harms that impact family functioning.

Participants were asked to rank eight features most important for a child neglect assessment tool to be useable and useful in practice and a range of other issues emerged as important. The most popular choices by mean were (the lower the mean score the more important practitioners rated that choice):

1. Can be completed with families (mean 3.33)
2. Assesses how severe the neglect is (mean 3.65)
3. Assesses strengths as well as concerns (mean 4.16)

Other popular choices by mean were that it can assess how longstanding (chronic) the neglect is and that it breaks neglect down into different neglect types. The most popular choices in terms of respondents who chose the item as their first choice were:

1. Can be completed with families (29.3%)
2. Quick to complete (13.8%)
3. Assesses how severe the neglect is (13%)

Table (Theme) 4: Assessment of child neglect within its wider social contexts of poverty, community deprivation and social isolation.	
8. Do you think that your assessments of child neglect are inclusive of the impacts of wider disadvantages, such as poverty, homelessness and social isolation, on family life? (122 responses)	
Options	**Responses %(n)**
Never/Rarely	20.49% (25)
Sometimes	24.59% (30)

Often/Always	54.92% (67)
9. Do you think that your assessments of child neglect include the strengths of families and communities as well as the concerns and risks? (122 responses)	
Options	**Responses %(n)**
Never/Rarely	8.20% (10)
Sometimes	24.59% (30)
Often/Always	67.21% (82)

Existing tools used by social workers lack key elements for holistic assessment of child neglect, including key social contexts such as poverty, community deprivation and social isolation. However, as can be seen in Table 4, a majority of respondents believed that their assessments are inclusive of these wider social factors and their impacts on family life. There were limited differences depending on whether they use a child neglect assessment tool regularly or not, with slightly higher levels of those who think their assessments are inclusive of these wider social factors amongst those who do not regularly use a tool than those who do. Over two-thirds of respondents believed that they still included the strengths of families and communities as well as the concerns and risks about these.

As discussed above, there were a very small number of responses to the two free-text answer sub-questions in the survey. No patterns or themes were discernible from this data, but there were answers worth highlighting because of the strength of the statement or significance of the point made. Respondents described tools they used to assess neglect other than the more popular ones listed in the survey. This included Parent Assess and the Home Conditions Assessment Tool (these options were not offered in the survey due to not being commonly cited tools in the literature), as well as using a combination of tools. Respondents suggested some ways they could be enabled to have more time to undertake assessments of neglect with families other than those listed in the survey. This included time to reflect and critically analyse, better supervision, more family support workers in practice and more use of tools to support their assessments.

Discussion

This study represents the first England and Wales wide survey eliciting the views of children and families social workers on assessing child neglect. The study achieved its primary objective of gathering and exploring these views. The findings show that social workers regularly undertake assessments of child neglect, and that a majority reported feeling relatively

confident in completing assessments of this form of child maltreatment. However, they hold less confidence in the tools they use and the accuracy of their assessments.

Their concerns about accuracy and use of research evidence fit with the research into child neglect assessments and serious case reviews that describe longstanding concerns about the accuracy of social work assessments of child neglect and the tendency of social workers to rely on practice wisdom over formal knowledge (Brandon et al., 2020; Ofsted, 2014; Proctor & Dubowitz, 2014). They also resonate with previous studies eliciting social workers' views in the UK and US (Daniel & Baldwin, 2001; DeLong Hamilton & Bundy-Fazioli, 2013; DeLong Hamilton, Krase & Bundy-Fazioli, 2016). The level of confidence of practitioners in assessing child neglect is a new finding, as this has not been explored in previous studies. The levels of confidence reported in this study fit with research into practitioner confidence in assessment of risk of abuse that portrays mixed, but relatively high, levels of confidence (Regehr et al. 2010). However, research portrays that practitioners' confidence in their assessments can be misplaced (Smith & Dumont, 2002).

The majority of participating practitioners reported regular use of child neglect assessment tools in this study. This differs from findings of previous studies, where social workers have shared limited use of such tools (Casey & Hackett, 2021; Daniel & Baldwin, 2001). This may reflect the larger sample size or developments in practice over time. Having stated this, nearly 40% of social workers in this study reported not regularly using a tool in their practice. Their lack of confidence in the tools available reflects concerns shared in previous studies about the practicality and usefulness of child neglect assessment frameworks and tools (Casey and Hackett, 2021; Daniel & Baldwin, 2001). Over 24% of those regularly using tools reported using neglect assessment tools developed by their organisations. It is unlikely that these tools have been rigorously tested or validated, creating concern about their validity.

It is clear that practitioners lack confidence in the tools they use to assess child neglect and a significant percentage do not think the tools they use do the task they are designed for, namely accurately assessing child neglect. A significant percentage are using tools that have not been validated and a significant percentage do not regularly use a tool. The findings suggest that practitioners may believe that their own assessment skills and knowledge outweigh the flaws in the tools they use, but research portrays that practitioners can overestimate the quality of their own assessments (Regehr et al., 2010). Consideration of these issues together raises significant concern about the accuracy and quality of assessments of child neglect within social work.

A majority of participating practitioners believed their assessments to be inclusive of wider disadvantages such as poverty and homelessness, which differs from views shared in, and findings of, previous studies (Casey & Hackett, 2021; Daniel & Baldwin, 2001). In previous studies social workers have shared dilemmas about the links between poverty and neglect, and how to effectively incorporate these into their assessments (DeLong Hamilton, Krase & Bundy-Fazioli, 2016; Horwath, 2005). This may reflect developments in awareness of the links between neglect and social harms in practice, the sample size of this study being larger than previous studies or the use of an online survey as opposed to the use of primarily interviews, case file analysis and focus groups in previous studies.

The policy contexts in England and Wales emphasise neglect in the family home and the failures of parents or carers to meet their child(ren)'s needs (DfE, 2018; Welsh Government, 2018), while research suggests that social work assessments of neglect often overlook wider disadvantages impacting family life (Bywaters et al., 2022; Lacharite, 2014; Proctor & Dubowitz, 2014). It was therefore interesting that social workers emphasised on the one hand their belief that their assessments are inclusive of strengths and wider disadvantages, and on the other their belief that current assessment tools do not effectively capture these key factors.

This study has implications for practice. It found limited change in the confidence of social workers in assessing child neglect in light of Covid 19, but a range of measures that they believe could be taken to support them to have the time and resources to undertake collaborative assessments of child neglect with families. This included lower caseloads, more effective multi-agency working arrangements, less bureaucracy, better support for direct work with families and concise assessment forms. The concern for lower caseloads, less bureaucracy and positive multi-agency working have been significant features in the British Association of Social Work's annual survey of social workers, amongst others (BASW, 2022). These important work conditions, alongside child neglect specific assessment tools that are concise, can be completed with families and focus on the range of families' needs, arguably need to be consistently realised in practice for social workers to undertake comprehensive, accurate and balanced child neglect assessments.

Social workers need to be supported in their desires to focus on factors, such as poverty, that make family life harder, and strengths as well as concerns. Both are vital to humane and fair practice. Child neglect cases often present myriad risk and protective factors at personal, family, community and societal levels that require full attention and analysis to prevent the positioning of child neglect as simply down to parental failures of care and realisation of its complex and multi-faceted social nature (Proctor & Dubowitz, 2014; Stevenson, 2007). Child

neglect and poverty have strong links, and without effective assessment of the roles of social harms such as poverty in practice it is likely that poverty can be assessed as neglect (Bywaters et al. 2022; Lacharite, 2014). The incorporation of a social harm approach could go some way to correct such errors in an evidence-based way. This manifestly has benefits not only for individual children and families, but also for society more broadly.

However, it appears there is work to be done both to set the work conditions social workers need and to develop tools that are trusted by them, include the social nature of child neglect and are usable in busy practice settings. It seems logical that with the right conditions and tools a higher percentage of social workers will regularly use a tool to support their assessments and have the time and support required to reflect and critically analyse on the complex factors at play in child neglect cases. As Daniel suggests 'It takes time and thought to undertake a proper analysis of all the information, but it takes a lot more time and resources to undo the damage of an ill-judged intervention' (Daniel, 2015, p.89).

Strengths and limitations

This study has a number of strengths. It is the first study of its kind to explore social workers' views on assessing child neglect in England and Wales, thus it provides new knowledge and learning. The survey was sent out through a range of national and regional social work organisations, encouraging views from a range of practitioners. It is part of a rigorously conducted and collaborative research project into child neglect assessment, and the participating practitioners' views are vital for the project's aims of impacting and supporting frontline practice to be realised.

However, this study has limitations. The survey did not include social workers in Scotland and Northern Ireland and therefore did not comprise a UK wide sample. The survey was administered in collaboration with BASW and BASW Cymru, who represent only a proportion of registered children and families social workers in England and Wales (BASW, 2022). However the robust recruitment campaign described in the participant recruitment section of this article aimed to offset this limitation. Although 129 practitioners completed the survey, a larger sample would have been preferable. The low number of qualitative responses raises questions about their validity and representativeness. Demographic data were not collected, meaning that the results cannot be analysed through these metrics. The survey was developed by the authors, it therefore did not use widely tested or standardised questions. However, it was developed in collaboration with an advisory group relevant to these issues ensuring relevance and appropriateness.

Conclusion

This study has gathered the views of children and families social workers in England and Wales on assessing child neglect. Their responses revealed a number of important themes. They feel relatively confident in assessing child neglect. A majority regularly use a child neglect assessment tool, but overall they lack confidence in the tools available. Practitioners place importance on including the impacts of social harms such as poverty and community deprivation on family life in their assessments, but lack confidence that current tools are inclusive of these. They require conducive work conditions and assessment tools they have trust in to undertake balanced and accurate child neglect assessments with families.

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10 Journal Article 4: The Development of ‘The Good Enough Care Assessment Tool’: A Multi-Agency Tool for Assessing Child Neglect

(pagination: p. 188)

Journal article 4 provides a short overview of the research project, then proceeds to describe and discuss the piloting phase, where ten multi-agency practitioners completed the tool with twelve families. A test-retest method was employed to test the *Good Enough Care Assessment Tool’s* reliability. Practitioners’ views on the validity and usability of the tool were gained through focus groups, drop-in sessions and an online survey. The pilot indicated that the GECAT has good reliability, and face and content validities. Its social harm focus was appreciated by practitioners and families. Their feedback indicated that the tool would benefit from simpler language and a shorter format, changes that have been enacted with key members of the advisory group.

The article discusses important features of the GECAT, including its evidence-based approach, multi-agency focus, self-contained nature and social harm lens. It also sets out key learning points for practice and research.

Title: 'The Good Enough Care Assessment Tool': A new evidence-based co-developed multi-agency tool for assessing child neglect.

Abstract

Child neglect is a prevalent issue in children's social work and allied professions' practice. It poses significant issues for undertaking accurate, fair and balanced assessments that can lead to effective interventions. Our multi-stage collaborative research project developed a new multi-agency child neglect assessment tool to address this issue, the *Good Enough Care Assessment Tool (GECAT)*. The tool was co-developed with academics, practitioners and experts by experience. This article provides an overview of the project's studies: (i) a systematic review, (ii) a survey of social workers' views on assessing child neglect, (iii) a Delphi study, and (iv) a pilot study. We report on the pilot study in depth, where ten multi-agency practitioners tested the draft tool with 12 families. The pilot employed a test-retest method and gathered practitioners' views on the GECAT's validity and usability. The findings indicate the GECAT is valid for child neglect, effectively assessing its key elements. The GECAT is a self-contained tool offering a different approach to assessing child neglect within contexts of poverty and deprivation in our unequal societies. It aims to support practitioners to undertake balanced, collaborative and evidence-informed assessments of child neglect that analyse its range of causes from family to societal levels.

Keywords: Assessment, evidence-based practice, collaboration, social harm, child neglect

Teaser text:

Child neglect is a major societal problem and professionals, including social workers, find it hard to assess child neglect effectively. Our project has worked with academics, professionals and parents to develop a new tool to assess child neglect: the *Good Enough Care Assessment Tool* (GECAT). The project has included a number of stages to develop the GECAT, including a pilot stage where professionals tested the tool out with families. The professionals found it assessed child neglect accurately and thoroughly. However, both they and families told us that some of the language in the tool was too complicated. We therefore simplified it and made it more accessible. The GECAT recognises that many different issues can cause child neglect, including, importantly, poverty. The professionals and families in the pilot shared that they appreciated this approach, as it supported honest discussions and different ways of understanding child neglect. The GECAT asks professionals to use research in their

assessments to better understand what is going on. It aims to support balanced and collaborative assessments with families, and looks for help to be carried out in partnership families to support them to flourish.

1. Introduction

1.1 Child neglect

Child neglect is prevalent across all societies, engendering significant and enduring harm for children and young people (Stevenson, 2007; Horwath, 2013; Stoltenborgh et al., 2013). It raises significant challenges for social work and allied professions to effectively assess and offer efficacious support (Brandon et al., 2014; Stewart et al., 2015; Pithouse & Crowley, 2016). Despite the prevalence of child neglect and the myriad issues it raises for the helping professions, limitations and imprecision in the evidence base remain (Proctor & Dubowitz, 2014; Mulder et al., 2018; Morrongiello & Cox, 2020). There are longstanding challenges in child neglect's assessment in practice, and ongoing difficulties in the development of measures in social work more broadly (Daniel, Taylor & Scott, 2010; Horwath, 2013; Perron & Gillespie 2015).

Robustly developed evidence-based assessment tools are important for balanced and accurate assessment, but there is no formally accepted gold standard for the assessment of child neglect and a lack of high-quality evidence for the validity of any tools for identifying it (Bailhache et al, 2013; NICE, 2017; Author's own, 2022a). Child neglect is multi-faceted, influenced by wider social and political contexts and a range of social harms (state generated factors that make family life harder), such as poverty and community deprivation, which make clear and accurate assessment more difficult (Proctor & Dubowitz, 2014; Bywaters et al., 2022). The tools currently being used in practice have strengths, but arguably miss key elements of child neglect, notably its association with a range of social harms such as poverty and social exclusion. In our recent survey, social workers lacked confidence that the tools they currently use accurately assess child neglect or include such social harms (Author's own, 2023). Duman, Carding and Bekaert (2022) found that most tools being used in practice have not been psychometrically tested and recommended that use of empirically researched, valid, and psychometrically tested tools be prioritised in policy and practice.

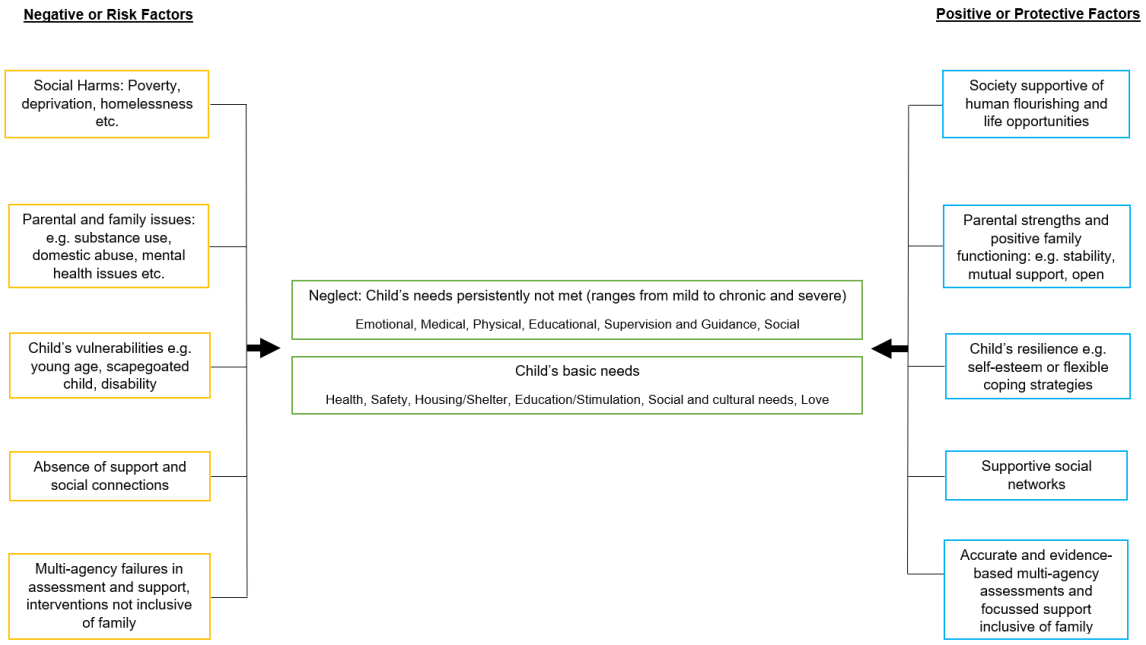
In response to these challenges, this research project has developed the Good Enough Care Assessment Tool (GECAT) to support informed and evidence-based assessments that situate child neglect within its complex familial, community and social contexts.

1.2 The research project

The project adopted a collaborative evidence-based approach to develop the tool. The included studies (systematic review, online survey, Delphi study, pilot study) have embraced the voices of practitioners and experts by experience (parents with experience of professionals intervening for (suspected) child neglect), in accordance with more recent trends in evidence-based research (Graaf & Ratliff, 2018).

Our co-developed theory of change (fig.1) has provided a framework to guide the project. It visually depicts the project and tool's neglect typology, key risk and protective factors and the multiple social mechanisms influencing child neglect.

Figure 1: Child neglect theory of change



The relationships between child neglect and a range of socioeconomic disadvantages, notably poverty, are well established, if complicated (Shanahan et al., 2017; Bywaters et al., 2022). The project promotes an understanding of child neglect as a form of harm that is often characterised by a range of familial, community and societal drivers. It employed a social harm framework, which argues that people and families can often be harmed through the denial of social and material resources necessary to exercise life choices within unequal societies (Pemberton, 2016). The approach presupposes that child neglect needs to be assessed and analysed cognisant of organisational practices, government policies and societal conditions that can increase disadvantage and make family life harder (Lacharite, 2014).

This article describes the pilot of the research project, but also provides an overview of the entire project:

Study one was a systematic review of measures of child neglect. We included measures from the UK, but also international measures, clinical and academic, single index and multi-dimensional measures to provide as near to maximum inclusivity as possible. The review was informed by Cochrane methodology, adapted to the needs of social work. A total of 5,109 records were reviewed. The review revealed a dearth of suitable tools to assess child neglect and recommended that assessment tools need to be robustly tested in social work settings (Author's own, 2022a). Only four records met the inclusion criteria, focussed on two tools: the Child Neglect Index and modifications of the Maltreatment Classification System. Neither tool was comprehensive for child neglect, with both missing key elements of this complex form of child maltreatment.

While the systematic review examined the knowledge base on child neglect assessment tools, study two administered a short online survey to registered children and families social workers in England and Wales to gain their views on assessing child neglect, in collaboration with the British Association of Social Workers (BASW). The survey aimed to explore practitioners' confidence in assessing child neglect, the impacts of Covid-19 on their assessments, the tools they currently use and whether their assessments are inclusive of wider social contexts of poverty and deprivation. This represented the first England and Wales wide survey on the subject. There were 129 completed responses. The main findings were that children and families social workers regularly undertake assessments of child neglect, and that they have relatively high levels of confidence in undertaking these assessments. However, that they have less confidence in the accuracy and usability of the neglect assessment tools they use or that their assessments are consistently accurate and informed by research evidence. The findings illustrated that social workers need the right tools and organisational support to complete balanced and accurate assessments of child neglect, but that they have concerns about these conditions being met.

Study three employed a modified online Delphi study preceded by focus groups with a purposive sample of 16 participants to develop items for the first-round survey and start to understand a range of views on what was needed in the tool. We recruited 60 international panellists for the Delphi panel with expertise in child neglect or measurement in social work to develop items for the GECAT. The panel comprised academics, multi-agency practitioners and experts by experience. Three anonymous sequential surveys were facilitated, with the panel asked to assess the importance of a range of issues to include (or not) in the developing tool.

Completion rates were high, indicating an engaged expert panel. This represented the first study in social work to employ the Delphi technique to develop a child neglect assessment tool. The panel reached consensus for a range of items to be incorporated in the tool, including:

- A family friendly neglect definition.
- Scales for neglect chronicity and severity.
- Sections for assessment of drivers for child neglect from familial to societal levels.
- A detailed support section.
- Hyperlinks to relevant research.

1.3 Pilot study objectives

The pilot study was a fundamental part of the overall project (Leon, Davis & Kraemer, 2011). It aimed to gather and analyse preliminary psychometric data about the draft GECAT prior to a larger scale study to test the tool's validity and usability in practice (Morin, 2013). A small-scale pilot study was undertaken for scientific and ethical reasons: to safely test out the tool and its validity with a small sample size (Van Teijlingen et al., 2001).

2. Methods

2.1 Participant recruitment

Multi-agency practitioners were recruited with the support of the management group of the participating local authority Neath Port Talbot. We employed purposive sampling to ensure a broadly relevant sample of the workforce who will use the tool following the pilot study. Practitioners were required to have experience of working with child neglect and within multi-agency settings.

A small sample size was preferred to ensure initial testing was conducted with a limited number of families, in case the tool was invalid or produced unintended negative consequences. For example, false positives, false negatives or labelling families as neglectful when this was not the reality (Powell, 2003). The decision was made in accordance with evidence-based ideas of minimising harm and recognising that professional interventions can do more harm than good (Gambrill, 2011).

2.2 Data collection

The study employed a test-retest method for reliability, with multi-agency practitioners administering the tool with families on two occasions, with a two-week gap between each

administration. Test-retest approaches produce comprehensive data on the stability and consistency of a measurement tool over time, its reproducibility, confidence that environmental factors are not influencing scores in the tool, and as Aldridge, Dovey and Wade (2017) suggest '…how dependable our measurement tools are likely to be if they are put into wider use...' (p.208). Assessment tools need to be assessed as reliable before they can be considered valid and practitioners need to be able to trust that tools are reliable in practice (Bovaird & Embretson, 2008).

The test-retest approach and two-week gap has been employed in a range of studies developing tools and measures for social work and allied disciplines such as health, and in a range of practice and geographical settings (Trocme, 1996; Jason et al., 2015; O'Brien, Casey & Salmon, 2018). As O'Brien Casey and Salmon (2018) articulate 'Since test-retest reliability should be optimal in the short-term, a two-week interval was chosen…' (p.211). The practitioners piloted the tool with families between November 2022 and March 2023.

The study employed primarily qualitative methods to gain initial data on the validity of the tool and evaluate whether the GECAT assessed what it was designed to assess, child neglect. Such qualitative approaches for testing the validity of tools and surveys have been used in a range of studies in a range of disciplines, including education and health (Ouimet et al., 2004; Chalmers et al., 2005; Salbach & Jaglal, 2010; Henderson et al., 2011). We gained practitioners' views through three primary methods. Firstly, we held three focus groups during the pilot study to gain practitioners' views on using the draft tool and how it could be improved. These incorporated discussions on how well the tool assessed child neglect and whether the tool's questions and scales effectively measured child neglect and its key elements. The face and content validities (whether the GECAT assesses child neglect and its key elements, for example lack of everyday care), reliability (consistency of the assessment scores over time), and design and usability (the GECAT's accessibility for practitioners and families) of the tool were explored. The participating practitioners also fed back the views of family members on the tool (practitioners having been asked to gain these via a short feedback form when they administered the tool). We gave significant weight to families' voices, notably on how usable the tool felt for them and whether they found it fair and balanced. This built on the active input of parents into the development of the GECAT itself and parental involvement in the project's advisory group.

Secondly, practitioners met with the researchers through fortnightly drop-in sessions, where they asked questions about the tool and pilot study, but also provided ongoing feedback about using the tool in practice. Finally, we administered a short online survey employing Likert

scales and free-text questions via the Qualtrics platform at the end of the pilot study to gain practitioners' views on key features of the tool. This was open between 2nd and 30th March 2023. The survey was designed based on established ideas on developing evaluative Likert scaling questions (Chyung et al., 2017; Roy, 2020).

The tool and its contents were also reviewed by two academics with expertise in the fields of assessment and neglect. They fed back on the design of the tool, the language used and its face and content validities (Ouimet et al., 2004).

2.3 Data analysis

We calculated Pearson's correlation scores between time 1 and time 2 assessments for each scale in the tool to determine test-retest reliability (Vaz et al., 2013). We performed statistical analyses using IBM SPSS 28.0.1.1 software.

We employed thematic analysis to analyse data from the focus groups and drop-in sessions and identify key themes (Braun & Clarke, 2019). We conducted manual analysis as the data set was not too large (Nowell et al., 2017). To promote validity and reduce bias in the analysis, we contacted two participants from the focus groups to check whether they agreed with the themes identified from the data (Elliot, Fischer & Rennie, 1999).

We analysed data collected through the Likert scale questions in the Qualtrics survey descriptively, with the number and percentage of respondents who chose each option calculated. There were a limited number of short free-text answers to sub-questions in the survey. We read these through to identify patterns or themes.

2.4 Ethics

Ethics approval was received through the University of Birmingham (ERN_22-0346). All participation was on the basis of informed consent and all participants were provided with information and consent forms. Families' participation was entirely voluntary and they were assured in discussion with the professional working with them that their participation or refusal would have no effect on receipt of services, either at the time or in the future.

3. Results

It is important to note that the findings of the small-scale pilot are being considered as preliminary in nature within the research project, but as offering important information prior to larger scale piloting of the tool. Table 1 shows the professionals involved and the numbers of families the tool was completed with.

Table 1: Professional roles of the participating practitioners and number of families who engaged in the pilot study

Professional role	**Number of practitioners**	**Number of families completed the tool with**
Social worker	3	4
Family support worker	3	4
Health professional	2	2
Education professional	2	2
Total	10	12

Pearson's correlation coefficient scores are presented in Table 2. All scales in the GECAT had Pearson's coefficients of higher than 0.9 (higher than suggested ideal values of 0.75 or above), demonstrating good test-retest reliability (Jason et al., 2015). As Edleson, Shin and Johnson Armendariz (2008) suggest 'When the same results are received from the same samples by using the same measurement, it can be said that the test is reliable' (p.506).

Table 2: Pearson's correlation coefficient scores for the GECAT's scales

GECAT Scale	Pearson's Coefficient (n=12)
Current level of care for the child/young person	r=.943**
Neglect severity	r=.928**
Neglect chronicity	r=.937**
Severity of current impacts of the neglect for the child/young person	r=.996**
Severity of anticipated future impacts of the neglect for the child/young person	r=.997**
Family's capacity to address any neglect concerns with appropriate support and resources	r=.993**

**Significance level p<0.01

At the beginning of the pilot study, practitioners fed back to the research team that the original title of the tool, the 'Family and Wider Social Neglect Measurement Tool', was off-putting for families, primarily because neglect was in the title. The title was changed in consultation with key members of the project's advisory group, and the tool was relaunched as the 'Good

Enough Care Assessment Tool'. The advisory group is comprised of practitioners, academics and experts by experience.

Practitioners were generally positive about the contents of the GECAT and its validity in the focus groups and drop-in sessions. Participants felt the tool effectively assessed child neglect and its key elements, offering comprehensive assessment. One social work practitioner stated:

'It is very thorough. It looks at all angles, so definitely explores the themes very well'.

Practitioners shared that the GECAT supports conversations with families about strengths and concerns, as well as supporting families to reflect on and think more deeply about care, neglect and its causes. It's focus on wider causes for neglect, such as poverty, being viewed as helpful for engaging with families. As one practitioner suggested:

'It will definitely open up the dialogue between families and us'.

Or as one parent shared the tool looks at *'How the needs of all lead to neglect if they haven't been given support'.*

Practitioners shared positive feedback on the guidance in the GECAT and its clarity. However, they stressed the importance of keeping the tool short and focussed. The majority shared that the GECAT was too long in current form to be used in busy practice settings, but some shared that it also appeared that it would take longer to complete with families than it actually did. As one practitioner stated:

'I think it is a good assessment tool. I just think it needs to be simplified'.

Practitioners emphasised the need for simple family-friendly language in the GECAT for it to be accessible for families. This mirrored the views of families themselves. The practitioners shared that in its present form, some of the language was too complicated for some families to fully understand. One practitioner suggested with regards to the language used:

'I just think it needs to be simplified, because obviously when we did it with the family we read the questions and then I simplified it'.

Or as one parent suggested *'The tool could be made better by using less academic and professional language'.*

Practitioners shared how they can find it difficult to raise concerns about neglect with families, with the word neglect seen as value-laden and with negative connotations by families. They felt positive working relationships were important for these difficult conversations.

Reponses to the survey reflected the views shared in the focus groups and drop-in sessions. The full survey results are freely available via the Open Science Framework here: (link removed to blind submission). The responses revealed that the practitioners rated the GECAT as assessing child neglect and its key elements accurately, thoroughly and in a balanced manner. They shared a high level of agreement that it supports evidence-informed and accurate assessments. They were very positive that the GECAT supports balanced assessments and captures the range of causes of neglect, while the majority of practitioners agreed that it supports family-focussed assessments. They shared positive views on the hyperlinks to research and guidance and predominantly agreed that these are informative for their assessments. The majority of practitioners agreed that the GECAT promotes timely and focussed support for families.

The design of the tool elicited more mixed views in the survey, including on whether the tool's design is user-friendly and whether families found the tool easy to understand. The majority of practitioners were positive that it has a clear layout, but when asked a slight majority felt a clearer layout would make it easier to use. A majority also felt that the tool needs to be shortened to be easier to use. There were mixed opinions on whether families found the tool easy to understand, but practitioners were predominantly in agreement that families found the tool fair and balanced about strengths and concerns in their lives. Free-text answers included views that the GECAT supports positive engagement and conversations with families, as well as thorough assessments focussed on families' needs. They also included views reiterating the need for simpler language and a shortening of the tool.

The two academics who reviewed the tool fed back positively on the face and content validity of the tool. They suggested changes to language used, how questions were asked and how scores could be interpreted. Their feedback and suggested changes largely mirrored that of the practitioners. One academic shared concerns on how much the tool can influence practice towards a more socially just approach to assessing child neglect given the current risk-averse practice contexts, where individualising narratives of child neglect can dominate. The academics' views were triangulated with the feedback from practitioners and data from the tool's testing when deciding on changes to be made to the tool.

4. Discussion

The pilot study has performed a key role in the development of the GECAT, leading to modifications and refinements prior to larger scale psychometric testing (Leon, Davis & Kraemer, 2011). The pilot offered encouraging findings and has provided initial evidence that the tool has good face and content validity. This is important for any tool being used in practice

and content validity is considered the most important psychometric property of measurement tools (Terwee et al., 2018; Steele et al., 2023). The scales in the tool showed good test-retest reliability, which is important considering that assessment instrument scores need to demonstrate reliability before they can be considered valid (Bovaird & Embretson, 2008).

The GECAT was viewed as offering evidence-informed, comprehensive, balanced and accurate assessment of child neglect by the practitioners in the pilot. Its adoption of a social harm lens and focus on the range of drivers for child neglect were appreciated by practitioners and families. Practitioners felt the GECAT supported open dialogue with families, in part through focussing on both strengths and concerns in families' lives. The hyperlinks to research and guidance were seen as a positive inclusion in the tool for informed assessment.

Although the pilot offered positive findings on the tool's ability to assess child neglect and the approach it adopts to this task, it also signified the need for some important changes in the tool's design, with the language viewed as too complicated and the tool too long for busy practice settings. We enacted changes in title, language and length of the tool in consultation with key members of the project's advisory group. The changes have improved the design and clarity of the tool, and therefore potentially its reliability and validity (Ouimet et al., 2004). They have been important given the aim for the tool to be as succinct as is feasible, and usable in practice.

The GECAT is comprised of the following sections:

1. Introduction to the tool
2. Current level of care and main strengths and concerns
3. Family members' views
4. Causes, complicating factors and strengths
5. Neglect identification
6. Impacts of neglect for the child/young person
7. Support for the family
8. Summary of scores and level of intervention
9. Follow-up review
10. Guidance for assessors

The GECAT is an evidence-based child neglect assessment tool for use in multi-agency settings, developed from the social work discipline. It has been co-developed with those in practice and experts by experience. The pilot study has formed part of a rigorous and evidence-based research project that aims to support balanced, research-informed and socially aware

assessments of child neglect. Assessments that are done with, not on, families and that fully value their voices. Child neglect can create significant confusion for professionals and families can be subjected to repeated assessments (Horwath, 2013). The GECAT has therefore been designed as a multi-agency tool to support the interprofessional collaboration and effective information sharing required for effective assessment in child neglect cases (Stewart et al., 2015; Pithouse & Crowley, 2016). It can remind practitioners that collaboration and developing shared understanding on what is going on and what needs to change are essential for fair assessments that can lead to effective interventions supportive of life opportunities (Holland, 2010).

The GECAT includes both guidance and hyperlinks to key research on child neglect, and is therefore a self-contained tool. The inclusion of guidance supports informed completion of the tool, while easy access to research can support evidence-informed practice (Eizenberg, 2011; Kagan, 2022). This is important for critically analysing the aetiology of child neglect and its impacts for children, especially when considering research evidence is rarely used to inform assessments and practice decisions (Macdonald et al., 2017; Graaf & Ratliff, 2018). It will be important for the GECAT to be used with a critical lens, with practitioners also analysing how it constructs child neglect and indeed families (Orme, 2006).

One of the GECAT's strengths is that it offers direct assessment of child neglect, whereas other tools often assess care provided to children more generally and thus less precise indicators of child neglect. It also offers assessment of the range of familial, organisational and societal factors that contribute to child neglect. This focus brings the research illuminating the myriad risk factors for neglect into everyday practice. The pilot study has shown that both practitioners and families appreciate this approach, which can break down barriers and support honest reflective conversations with families that feel less pathologizing and threatening. As one practitioner stated in a focus group: *'It does open up the bigger and wider questions and that also helps when considering other families'.*

The GECAT's adoption of a social harm framework can support assessment and understanding of child neglect in practice towards incorporating a child welfare inequalities perspective and challenge the reductive narrative of child neglect as solely down to parental failings (Lacharite, 2014; Bywaters et al., 2022). Further, towards effective analysis of the roles state interventions themselves can play in child neglect, and where organisational policies and practices fit on the continuum between effective support and causing or aggravating child neglect (Stevenson, 2007; Featherstone, 2023). It offers a reminder that a focus on the impacts of structural inequalities and disadvantages on family functioning is essential for humane, fair

and supportive policy and practice. The research project's ethos and the GECAT itself are aimed at promoting human rights and social justice, in accordance with key principles within the International Federation of Social Workers' Global Definition of Social Work (IFSW, 2014).

The collaborative approach adopted in the research project, alongside the GECAT's socially aware approach to assessing child neglect, fit with key anti-oppressive aims of addressing families' needs, listening to how families view their own situations, and challenging oppressive systems and practices (Sakamoto & Pitner, 2005). The GECAT supports open dialogue with families, inclusive of their strengths, difficulties and how social harms are impacting their family wellbeing. It's focus on proactive and preventative practice fits with the research that argues early supportive interventions are vital in child neglect cases, but that unfortunately professional responses can feature drift and delay emanating from inaccurate and repeated assessments (Tanner & Turney, 2003; Brandon et al., 2014).

The support section of the tool promotes community options for support and plans for change aimed at family, community and societal levels. This can remind professionals and organisations of the importance of reconnecting with communities and the resources they offer, as well as the need for practical support, for example with home conditions, where child neglect is a concern (Horwath, 2013). This can in turn act as one step towards families receiving the type of interventions that support their family wellbeing and life opportunities, characterised by genuine support, collaboration and promotion of their holistic needs (Pithouse & Crowley, 2016).

The involvement of experts by experience (notably parents with experience of social work intervention for (suspected) neglect) in the development of the GECAT has offered a degree of innovation and been essential for its aims of assessing child neglect in balanced and socially aware ways, and assessing child neglect with, not on, families. This aspect of the study adds to a burgeoning body of critical literature on genuine engagement with families in children and families social work and research (Featherstone et al. 2018; Author's own, 2022b). These are important developments and messages, given that parental voices have often been marginalised in both practice, policy and research (Clapton, 2020; Author's own, 2022b).

The project has implications for research. Collaborative evidence-based approaches offer a growing methodological option for studies that aim to influence practice and policy (Penuel et al., 2020). This project offers one clear example for collaborative evidence-based research within social work that aims to include the voices and views of practitioners and experts by experience. The inclusion of knowledge through lived experience in a research project

focussed on the statutory arena offers possibilities for ethical and rigorous social work research that aims to positively impact practice and life opportunities.

5. Strengths and limitations

The multi-stage mixed methods approach adopted in this project has ensured comprehensive and rigorous gathering and analysis of both quantitative and qualitative data for the development of the GECAT. The project has been evidence-based and collaborative, combining research rigour with practice relevance. Evidence-based approaches can be critiqued for seeing research evidence as rational and certain (Webb, 2001). With this in mind, this project has consistently seen the tool's development as a work in progress, subject to change and improvement. Indeed, with further piloting planned this remains the case. The application of a social harm perspective has supported the tool and its development to remain focussed on the impacts of structural disadvantages and inequalities on family life and child neglect, with child neglect having been conceptualised as featuring a significant range of risk and protective factors. It will be interesting to see whether this perspective is accepted more widely within a practice and policy landscape where poverty and social harms are not core business and the individualising narrative of child neglect is powerful (Bywaters et al., 2022; Featherstone, 2023).

However, this project and the tool may not have effectively captured the gendered nature of care and child neglect in society, policy and practice (Casey & Hackett, 2021). Further, the project has captured the voices of parents, but not sufficiently captured that of children and young people themselves. It may have captured bigger details on child neglect, but missed smaller, but important, elements. In terms of the pilot study, although the small sample size was purposive, it does not constitute a representative sample of multi-agency practitioners, raising questions about the generalisability of the findings to other contexts. The primarily qualitative group approaches to testing for initial validity may have introduced bias through practitioners' responses being influenced by group pressures such as group think or defence to authority (Green, 2009; Henderson et al., 2011). However, we employed triangulation, where findings from the tool's testing in practice and the views gathered from both practitioners and experts in the field were compared for themes (Oumiet et al., 2004). The international Consensus-based Standards for the selection of health Measurement Instruments (COSMIN), identifies a number of key properties for applied measurement tools (Mokkink et al., 2010; Steele et al., 2023). Within the COSMIN framework, our pilot study has offered initial testing of reliability and validity. However, it has not tested for intra-rater reliability or cross-cultural validity. These key properties will need to be tested in subsequent piloting.

6. Next steps

A larger scale pilot study will now be undertaken to further assess the validity, reliability and usability of the GECAT. Within this pilot study, consideration will be given to how professionals across all services can be supported to use the tool. Such a coordinated multi-agency approach was recommended in the most recent review of serious case reviews in England (Dickens et al., 2022), and is key for the type of joined-up responses required in child neglect cases (Daniel, Taylor & Scott, 2011).

7. Conclusion

This research project produced a new child neglect assessment tool, the GECAT, drawing on a collaborative evidence-based and stepwise approach. The pilot study reported in this article offers promising initial psychometric testing of the tool, supporting a larger scale pilot study. The GECAT aims to support research-informed, supportive and socially just multi-agency assessments in cases of child neglect.

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11 Discussion

This concluding chapter discusses the key findings of each phase of the research project underpinning this thesis and draws the key ideas together. It considers the implications of the research for practice, policy, and research, as well as the original contributions the research makes. The chapter discusses directions for future research. The *Good Enough Care Assessment Tool* (GECAT) (appendix 1) is being used in practice, and its development can support balanced, evidence-informed, and accurate assessments of child neglect that are inclusive of families' views, strengths, challenges, and aspirations.

11.1 Overall Aims of the Thesis

Child neglect is a significant and harmful social issue for children, families, professionals, communities, and societies, taking place within deeply unequal societies that produce a range of structural harms (Daniel, 2015; Lacharite, 2014; Proctor & Dubowitz, 2014). It has a number of substantial costs for children's health and wellbeing, families' functioning, professionals' time and resources, communities' capacities, and societies' functioning and finances (Bywaters et al., 2022; Horwath, 2013; Radford, 2011). Despite this, its assessment remains a riddle that professionals and academics struggle to solve, and there is a dearth of rigorously developed suitable child neglect assessment tools (Haworth et al., 2022a).

Responding to these challenges, this thesis project developed a new child neglect assessment tool, the GECAT. The GECAT offers innovation through supporting social workers and allied professionals to undertake accurate, balanced, and research-informed assessments of neglect that are inclusive of social harms

such as poverty and social isolation. The thesis offers originality through its collaborative evidence-based methodological approach; an approach that is rarely used in UK social work research (Shaw, 2023). This thesis specifically highlights the social nature of neglect through application of the social harm framework, offering a new and original framework for the assessment of child neglect (chapter 3).

This thesis incorporated three primary research phases:

1. A systematic review of national and international, clinical and academic, single index and multi-dimensional measures of child neglect (journal article 1)
2. A modified online Delphi study to develop items for the tool (journal article 2)
3. A small-scale pilot study to gather and analyse preliminary psychometric data about the tool (journal article 4)

An online survey of social workers' views on assessing child neglect was also conducted as an extension to phases 1 and 2, to better understand the wider practice context prior to the tool's roll out and support wider implementation of the tool in a way that is inclusive of practitioners' views on assessing child neglect and what they see as important features for child neglect assessment tools (journal article 3)

11.2 Findings

Journal article 4 included a summary of each phase of the study, so only the findings of each study are summarised here. They sequentially laid important foundations for the tools' development within a mixed-methods research design. Each phase built on the preceding one. The findings of the systematic review fed into the Delphi study and subsequent generation of items for the GECAT. The draft tool was then piloted to see how it worked in multi-agency practice.

11.2.1 Systematic Review

The systematic review into national and international child neglect measurement tools found a paucity of high-quality evidence and robustly tested tools. Only two tools, the Child Neglect Index (Trocme, 1996) and modifications of the Maltreatment Classification System (Dubowitz et al., 2005, Mennen et al., 2010, Runyan et al., 2005) met the inclusion criteria. Only the Child Neglect Index was considered feasible for use in practice. Both tools presented limitations for assessment of neglect. The review revealed a limited evidence base for assessing neglect and the significant dearth of rigorously developed and tested child neglect assessment tools. It advocated the need for tools to be robustly tested in social work settings for validity and usability in practice. It argued the need for the development of a new evidence-based and easy-to-administer child neglect assessment tool. The review presented original findings and analysis, as existing reviews had not considered holistic measures of neglect in isolation. The findings elucidated key issues in neglect measurement to inform the Delphi study.

11.2.2 Delphi Study

The Delphi study gathered the views of a mixed panel of 60 experts to develop items for the GECAT. The panel included academics, multi-agency practitioners, and experts by experience (parents with experience of professionals intervening for (suspected) child neglect). The panel reached consensus for 18 items and 15 elements for the tool. This phase of the study led to development of the draft GECAT. Journal article 2 discusses the originality and arguably radical nature of the GECAT, outlining key differences between the GECAT and popular neglect assessment tools or the tools examined in the systematic review. This includes that it is not behind a

paywall, its integration of social harms and its focus on the presence or absence of neglect as opposed to more general assessment of the quality of care provided to a child/young person.

11.2.3 Survey of Social Workers' Views on Assessing Child Neglect

The survey into the views of social workers in England and Wales gained the views of 129 registered children and families social workers. They shared that they regularly undertake assessments of child neglect and felt relatively confident in undertaking them. However, they reported lacking confidence that their assessments are accurate and informed by research evidence; and that the tools they use accurately assess neglect or are inclusive of social harms. Almost two thirds reported regularly using a tool to assess neglect, with a range of tools in use. The findings of the survey illustrated that practitioners require valid, reliable, and usable child neglect assessments tools and supportive work conditions to undertake balanced and accurate assessments of neglect inclusive of key social harms. They highlighted significant concerns about the accuracy and quality of current social work assessments of neglect.

11.2.4 Pilot Study

The small-scale piloting of the tool, subject of journal article 4, gathered and analysed preliminary psychometric data, prior to a larger scale pilot study. Ten multi-agency practitioners (from social work, family support, health and education) completed the tool with twelve families, employing a test-retest method. The findings indicate that the GECAT has good face and content validity, assessing child neglect's key features. Practitioners and families shared appreciation of its social harm focus, as this can support honest conversations about what is going well and what is not

going well that feel less pathologising and threatening. Feedback indicated that the tool needed to be shortened and its language simplified. These changes have been enacted in consultation with key members of the advisory group.

11.2.5 Understanding the Findings Collectively

It is important to reflect on what these findings mean collectively. They have offered an encouraging staged journey to development of the GECAT, a multi-agency neglect assessment tool developed from the social work discipline. Though, it is important to state that larger scale piloting of the tool is required to further test its psychometric properties. The methodological rigour and innovations of this project have led to useful and original findings. The Delphi, subject of journal article 2, represented the first study of its kind to reach expert consensus on items for a child neglect assessment tool; the survey that is subject of journal article 3 had limitations, notably the lack of demographic data, but represented the first England and Wales wide survey eliciting social workers' views on assessing child neglect. Both therefore contribute new data and analysis to the knowledge base on child neglect and its assessment.

The development of tools that support practice represent a cornerstone of evidence-based approaches (Gambrill, 2011; Macdonald, 2001). The research project has been a collaborative evidence-based endeavour, where the research has been informed by practice and lived experience and the research has informed and impacted practice and lived experience. The findings, notably development of the GECAT itself, are promising and start to add new knowledge to the literature on the importance of well-developed assessment tools for high-quality assessments and the importance of effective measurement and assessment to understanding social

phenomena such as child neglect (Barlow, Fisher & Jones, 2010; Pelton, 2009). Though some caution is in order until a larger scale pilot study has been undertaken.

The findings can start to support informed and balanced decision-making with families in neglect cases that is founded on evidence-based knowledge. As Tunstill (2019) suggests "…knowledge, including research evidence, comprises a key component in any professional activity and intervention" (p.58).The findings have emerged within a limited research base on neglect, confusion in assessments leading to misdirected and ineffective support in practice, and a lack of rigorously tested valid and usable child neglect assessment tools (Daniel, Scott & Taylor, 2011; Haworth et al., 2022; Perron & Gillespie, 2015; Proctor & Dubowitz, 2014). Further, as the survey of social workers' views revealed, within a practice landscape where social workers lack confidence in the tools they currently use and in the accuracy of their own assessments.

The GECAT's incorporation of a social harm framework offers a different approach to assessing child neglect, inclusive of unmet needs through structural disadvantages and inequalities, and key risk and protective factors from individual and family, through organisational to societal levels. It encourages a family, as opposed to simply child, focussed lens, and community-based support options. This research and the GECAT aim to support anti-oppressive approaches, inclusive of social change, transformations in practice and social justice.

11.2.6 Promoting Precision and Validity

Development of measurement tools in social work and multi-agency settings is a demanding task. All measures are founded on certain assumptions that can be difficult to recognise and test (Kerlinger, 1968; Perron & Gillespie, 2015). Violations

of underlying assumptions can negatively impact research validity (Perron & Gillespie, 2015). An evidence-based approach has supported both reflection on these assumptions and the validity and precision of the tool itself.

The theoretical assumptions for this research have incorporated different types of neglect, chronicity and severity. Clear definitions were decided for all these theoretical constructs, based on the neglect research literature and research participants' views. Likewise, for procedural assumptions (relationship between dimensions and numbers assigned to these), a range of views were acquired through the Delphi study phase. Within the social sciences, measurement error can often be related to the abstract nature of variables leading to problems in how to effectively measure them (Long 1983; Mackenzie, 2003). Measurement error can lead to inaccurate assessments of the relationships between key variables of interest (Perron & Gillespie, 2015).

The tool has incorporated both qualitative and quantitative variables, and importantly clarity on neglect and aspects of it to be measured (Perron & Gillespie, 2015). The thesis, TOC and tool have made an original contribution to the knowledge base on what constitutes child neglect and how its key features can be effectively assessed.

To promote precision, all qualitative variables in the tool are ordinal and assigned ordinal scales in the tool (1-10) (Corcoran & Fischer, 2000; Perron & Gillespie, 2015). Questions that use scales as the answer type have all been positively scaled. So, for example the tool asks for qualitative information on the current impacts of the neglect for the child/young person, but precedes this with a numerical rating running from no impact to severe impact. These units have been

used to approximate standard measures and enable interval and ratio measurement, running as they do from 1-10, with 10 standing for severe impact for example (Bovaird & Embretson, 2008; Perron & Gillespie, 2015).

This thesis project deliberately promoted construct validity through grounding the tool in empirical findings from the systematic review, critical analysis of key constructs of the tool from a variety of viewpoints in the Delphi study and piloting of the tool in primary phase 3. This approach avoided the potential pitfall of construct underrepresentation and missing important dimensions of neglect (Messick, 1995; Perron & Gillespie, 2015). Face and content validity have been promoted through early clarity and transparency on key dimensions of neglect, gaining the views of key academics, practitioners and experts by experience on the tool's contents and how the scales and scoring should be interpreted in practice, and piloting the tool in real world practice (Messick, 1995).

Throughout the research, construct-irrelevant variance has been taken into consideration (Messick, 1995), as neglect is an expansive concept where additional dimensions could be included until it is too big or complex to effectively measure. Clarity on nominal and operational definitions has been critical to avoiding this. The focus on key dimensions of neglect, rather than simplistic measurement of neglect or no neglect, has supported the tool's precision. Important in light of the longstanding issues of inaccuracy and error in professional assessments of neglect (Daniel, Taylor & Scott, 2011; Horwath, 2013; Taylor, 2017).

11.3 Implications

This study makes original contributions to practice, policy, and research in the field of child neglect, as detailed below. The development of the tool itself offers an

original contribution to all three areas. The study and tool aim to rebalance assessments and practice, for both to be based in formal knowledge and understanding of neglect as a social form of harm within deeply unequal societies. They add new insights to a critical body of knowledge on the roles of the state, structural disadvantages, and inequality in child abuse and neglect, as detailed below (Bywaters et al, 2018; Featherstone et al., 2018; Gil, 1970; Parton, 2014a).

11.3.1 Implications for Practice

Each of the phases generated practice recommendations which have been discussed in journal articles 1, 2, 3, and 4. The tool is already being used across children's services within Neath Port Talbot. As described in section 11.6, discussions are being held with the Enabling People, Social Services and Integration Directorate of the Welsh Government to undertake a larger pilot study across two Welsh regions.

The tool aims to support social workers and allied professionals to assess and engage with what Featherstone (2023) describes as "the everyday empirical realities of lives as lived" (p.118), avoiding stereotyping or ill-informed heuristic thinking, rather, using evidence, informed professional judgement, and families' narratives to produce accurate and balanced assessments.

The tool can support more proactive and preventative practice approaches through the timely and accurate assessment of neglect and unmet needs leading to focussed and effective support. The thesis demonstrates the importance of early supportive interventions in neglect cases, and at the same time how decisions and actions can be characterised by ambiguity and delay (Doherty, 2017; Morton, 2012; Platt & Turney, 2014). Chronic neglect can proceed when assessment and support is

misdirected and ineffective, leading to significant impacts for children and significant demands on professionals and organisations (Davies & Ward, 2011; Long et al., 2014). The tool can also remind practitioners that families where neglect is a concern often require a range of practical help, for example with home conditions or attendance at medical appointments, returning practice to effective family support models (Chambers & Potter, 2009; Tunstill, Blewett & Meadows, 2008).

Importantly, the GECAT is self-contained, as guidance and key research on child neglect are incorporated in the tool itself. This should support both the informed use of the tool as well as research and formal knowledge into practice. The self-contained nature of the GECAT offers originality as well as practicality; no tools in the systematic review housed links to research on a connected website. As discussed in journal article 2, the hyperlinks in the tool to the easy-to-access research and guidance are designed to support evidence-based practice, reduce the gaps between practice and research, and promote practitioners' confidence in using research (Wakefield et al, 2022). Ease of access to research can be a key support for evidence-based practice (Eizenberg, 2011; Kagan, 2022; Proctor et al., 2007; Wakefield et al., 2022). The hyperlinks in the tool include to this study's logical and clear neglect typology, amended from that of Horwath (2007). Use of this typology can help practitioners dissect child neglect and better analyse each case they come across (Brandon et al., 2014a; Dubowitz, Pitts & Black, 2004).

The thesis has highlighted the need for informed multi-agency practice in neglect cases, given both the confusion neglect can create and how families can be subjected to repeated and ineffective assessments and interventions (Pithouse & Crowley, 2016; Sharley, 2020). The GECAT supports a coherent multi-agency

approach to assessing neglect, through providing one tool for use by multi-agency colleagues, with a lead professional (in practice in the statutory arena often social workers) drawing the assessment together. It has been designed to encourage information sharing between professionals, which is important when considering that poor information sharing has been a significant factor in a range of high-profile serious case reviews and was, for example, a factor in 40% of serious incident notifications in England in 2018/19 (Child Safeguarding Practice Review Panel, 2020).

Chapter 2 discusses the relevance of social harms to child neglect and the need to effectively assess these collective neglect drivers, structural causes of child neglect and how policies and organisational practices can contribute to neglect. This study and the tool enlighten practitioners of the need for such socially aware assessments and provide ways to achieve these aims, through bringing research and theory that highlight the links between social disadvantages and neglect to the everyday realties of practice. This can support practitioners to assess and analyse the impacts of social harms on families' functioning and life chances, avoiding the disaggregation of parenting and disadvantage that can dominate within child protection in particular (Featherstone, 2023; Parton, 2014a). Further, to engage in critical reflection on how policies and practice are challenging social harms or exacerbating them (Feldman, 2019). This is important given that there is currently limited evidence that interventions reduce neglect or poverty amongst families who are socioeconomically disadvantaged (Manful & Karim, 2023; Sattler, 2022). The tool is the first of its kind to support informed analysis of the factors that are causing

neglect or supporting children's needs to be met at the social/economic, intrapersonal, and interpersonal/family levels (Turney & Tanner, 2005).

This research project and the tool can support practitioners to assess and analyse how government policies and the agencies of the state they often work for can effectively respond to or aggravate child neglect (Delanty, 1997; Pemberton, 2016). The tool can support practice to move away from pathologising parents and entrenched stereotypes of 'bad parents' and 'neglectful families' (Lorenc & Oliver, 2014; Rogowski, 2012). It can support informed analysis of families' capabilities and willingness to care within the context of socioeconomic disadvantage, as some parents have the willingness to care, but lack the resources to be 'capable' (Gupta, Featherstone & White, 2016; Manful & Karim, 2023). The tool's focus on community-based support can play a role in reconnecting professionals and their organisations with communities and the resources they can offer. In these ways the GECAT offers a new structural approach to assessing child neglect.

This thesis has adopted a collaborative approach with parents with experience of professional intervention for (suspected) neglect and promotes collaborative assessments with families. This has offered methodological innovation for a tool to be used in statutory settings, with its importance only being underlined by few families feeling engaged as respected participants within children and families social work (Dale, 2004; Wilkins & Forrester, 2021).

11.3.2 Implications for Policy

This research is supporting current policy discussions and developments in Wales, including some key Welsh legislative and policy initiatives. Discussions are being held on how it can support the Welsh government's proposed child neglect

strategy. It supports some key principles of the *Social Services and Well-being (Wales) Act 2014* and *Well-being of Future Generations (Wales) Act 2015*. This includes proportionate assessments that are a partnership process with service users, preventative approaches to support, and a healthier, more equal, and resilient Wales. It supports the *Welsh Social Services National Outcomes Framework's* emphasis on securing rights and entitlements, and protection from abuse and neglect. The tool itself has a hyperlink to the Social Care Wales' *All Wales Practice Guide: Safeguarding Children from Neglect* (Social Care Wales, 2021). It is hoped that this research can, in the future, similarly influence and correspond with policy in England.

This thesis highlights the importance of developing child neglect policies that dovetail with other policies, for example, around child poverty, to effective responses to the range of adversities children and family face (Spratt, Devaney & Frederick, 2019; Pithouse & Crowley, 2016). Further, policies that recognise the roles of social harms in families' lives, life opportunities, and neglect. Both are recognised to a degree in Wales, and this thesis recognises that politics and policies can actively address inequality and deprivation if the will is present (Feldman, 2019; Pithouse & Crowley, 2016).

An economic evaluation study has not been a part of this thesis, but in discussions with members of the Welsh Senedd and regions potential economic impacts of rolling out the GECAT have been explored. In light of the strong links between neglect and social harms such as poverty, more accurate and socially aware assessments of child neglect could potentially lead to less socioeconomically disadvantaged families coming into statutory systems. This could reduce spending

on statutory interventions and enable these funds to be spent on proactive support for families to stay together.

This thesis promotes active questioning of how policies may contribute to neglect through denial of the resources families need to effectively function and indeed thrive in society (Blumenthal, 2021; Pemberton, 2016). It supports policies that aim to tackle inequality, understand neglect within the contexts of wider social disadvantages, recognise the roles of communities and societies in responding to child and familial adversities, and avoid simply individualising the blame for child neglect onto families (Devaney, Frederick & Spratt, 2021; Featherstone et al., 2019; Feldman, 2019). It reminds policy makers of the importance of proactive and preventative community-based responses to neglect and the high costs of laissez-faire and austerity policies (Devaney & McConville, 2016; Gardner & Cuthbert, 2016).

This thesis encourages policies that promote an integrated multi-agency approach, congruent with the research that emphasises the benefits of this style of practice and how silo working is especially problematic for cases of child neglect (Daniel et al., 2016; Horwath, 2013). Finally, it reinforces policies and governmental agendas that promote evidence-informed approaches, for example through the What Works Centre for Children's Social Care (What Works Centre for Children's Social Care, 2021).

11.3.3 Implications for Families

This thesis adds to academic, practitioner and family voices advocating for a move away from authoritarian practice focussed primarily on risk to social work with families that is humane, family-centred, and focussed on promoting wellbeing (Featherstone et al., 2018; Gupta, 2017; Warner, 2015). The tool offers innovation

through bringing these critical discourses to frontline practice and in the process supporting confident professional assessments that are less risk-averse (Dyke, 2019; Taylor & White, 2001). This is important within a context where government initiatives have served to co-opt knowledge for political aims and reduced the opportunities for practitioners to engage with such socially aware practice (Tunstill, 2019).

The GECAT aims for assessment to stimulate timely and effective family-focussed support, collaborative journeys to positive change, and preventative practice carried out with, not on, families. The tool can support practitioners to hold conversations with families about their range of needs and how positive changes towards family wellbeing can be jointly achieved. Hopefully, families can then receive the type of interventions they can genuinely benefit from, characterised by support, cooperation, being listened to, and a focus on their holistic needs (Dale, 2004; Haworth et al., 2022b; Wilkins & Forrester, 2021).

11.3.4 Implications for Research

A number of implications for research have been discussed in journal articles 1, 2, and 4, describing how this thesis has offered methodological innovations for social work research. Perhaps most importantly, it offers a clear example for the development of collaborative evidence-based approaches in social work research, and potentially beyond, that are inclusive of practice and lived experience knowledges. Collaborative evidence-based approaches are an exciting and developing area of research methodology (mostly outside of social work) and important for research that intends to inform and influence practice and service provision (Penuel et al., 2020; Shulha et al., 2016). The inclusion of knowledge through lived experience is considered of particular importance in social work

research, therefore, to incorporate such voices in rigorous evidence-based research within the statutory arena offers important and ethical opportunities for empirical research that aims to effectively impact both practice and life opportunities (Graaf & Ratliff, 2018; Oliver, Kothari & Mays, 2019).

The systematic review identified significant gaps in the evidence base on assessing child neglect and a limited number of rigorously tested tools. It will be important for future research on developing child neglect assessment tools to focus on their validity, reliability, and practice utility. Further, to focus on key aspects of neglect, including neglect subtypes, severity, and chronicity. Research aimed at developing agreement on key required features of child neglect assessment tools would seem beneficial. A Delphi study with key experts would be one option for undertaking such research.

The Delphi study of this project offers clear ideas for how rigorous Delphi studies may be conducted in the social work sphere. A combination of pre-Delphi focus groups and Delphi surveys offered some advantages and innovation in data gathering, mixing the participant-focussed dialogue and collective perspectives offered through focus groups with the anonymous and non-adversarial approach free from group pressures offered through the use of surveys (Acocella & Cataldi, 2020; Campbell, Taylor & McGlade, 2017). The adoption of the CREDES guidelines (Junger et al., 2017) supported a rigorous study, and introduced a new framework for Delphi studies within children and families social work. Consideration of these guidelines could be useful for future Delphi studies looking to offer rigour, clarity, and reliability (Grant, Booth & Khodyakov, 2018; Hasson & Keeney, 2011). There are

currently no evidence-based guidelines on how to provide feedback between rounds, development of such guidelines could be beneficial.

The survey into the views of social workers in England and Wales on assessing child neglect identified that limited research has been undertaken to gather their views. Further research into practitioners' views on how to best assess child neglect and key features of assessment tools, building on the survey's findings, could promote development and use of validated tools with practice utility, and the acceptance of validated tools in practice.

This thesis identifies some of the key features of, and issues for, neglect assessment to inform future research projects. Its TOC, which went through a number of iterations, offers a clear and focussed visual depiction of child neglect and the multiple social mechanisms influencing it from individual through to societal levels. This can support clarity and understanding for future research focussed on neglect, its key features, and its key drivers.

11.3.5 Implications for Theory

The application of a social harm lens is slowly developing within social work research (Featherstone, 2023). This study's application of the social harm framework brings new theoretical understanding of child neglect and how it can be constructed as a social form of harm within deeply unequal societies in research, policy and practice. This is within a landscape where social work has been slow to advance pertinent frameworks for the problems people and communities face (Dominelli, 2010; Maylea, 2021).

This thesis has applied the social harm framework through the GECAT into frontline social work and multi-agency practice, an advance and new application for

the framework of social harm itself. It has started the dialogue on the key social harms for child neglect and children and families social work. The GECAT embodies the social harm approach's aim to develop tools to map social harms and reform harmful societies (Pemberton, 2016).

11.5 Limitations

The limitations of the methodological choices have been discussed in detail in chapters 4, 5 and 6. In summary, for an evidence-based study this has been a relatively small-scale study. Adopting an evidence-based approach is not in line with the dominant UK social work paradigms, and limited numbers of social workers engage in evidence-based practice in the UK (Parrish & Rubin, 2012; Pope et al., 2011). There are therefore valid questions as to how the research and tool will be received and adopted in practice, where social workers will likely be the primary users. The development of a tool for use in multi-agency settings from the discipline of social work may raise additional questions as to how the tool may be received by social workers' multi-agency colleagues.

The evidence-based approach adopted may have missed deeper and subjugated narratives and cultural understandings of neglect, as well as more granular, but important details. Such details could have been gained through an immersed exploratory study undertaken from a feminist perspective for example (Hesse-Biber, 2012). It included the voices of parents, but did not fully embrace the voices and views of children and young people. Their voices are regularly marginalised in social work research (Akerlund & Gottzen, 2017). This study has not effectively captured the gendered conception of care and neglect in policy and

practice (Casey & Hackett, 2021; Daniel & Taylor, 2006). This was beyond the scope of the study but, as discussed in section 11.6, warrants further exploration.

In terms of the research's phases, the systematic review employed quite restrictive PICO elements, limiting the number of included studies and raising questions about the generalisability of the findings. Its systematic nature may have led to missing important data from smaller-scale qualitative studies and key elements of the complex nature of neglect (Grant & Booth, 2009). A realist review, for example, may have offered greater practice relevance (Creswell & Creswell, 2018).

The choice of an online modified Delphi study may have offered lower quality interactions between panellists (Khodyakov et al., 2016). However, there is good evidence that online Delphis can offer similar levels of engagement with the advantages of efficiently engaging a geographically dispersed panel of experts (Khodyakov et al., 2020). The panel offered diverse expertise, but panellists were mainly from the UK and a majority were White British. A panel with a different composition may have reached consensus on different items for the GECAT.

The survey into social workers' views on assessing child neglect did not collect demographic data, and a larger sample size, inclusive of social workers from Scotland and Northern Ireland, would have been preferable. The findings of the pilot study, while positive, are founded on a purposive small and non-random sample of multi-agency practitioners, so can only be viewed as initial and tentative (Creswell, 2012).

As discussed in chapter 2, the social harm framework has offered a rigorously developed theoretical framework to support assessment of neglect to include key societal, governmental, and organisational factors that impact family functioning in

deeply unequal societies. However, as also discussed in chapter 2, the framework also presents limitations. It is uncertain at this early stage of piloting the tool how extensively the tool's socially aware approach will be adopted within a practice landscape where poverty and other key social harms do not feature as core business (Bywaters et al., 2016b; Parton, 2014a). The social harm approach examines societal level factors impacting fulfilment of people's needs, potentially missing the child and family level factors at play in neglect cases. It could be argued that application of a social harm lens within an ecological framework may have offered more holistic assessment of neglect at the multiple levels involved: the child, their family, their community, and wider society. However, as described in chapter 3, this thesis has looked to offer theoretical innovation, and has been committed to understanding child neglect as a social form of harm within unequal societies. Ecological approaches can be understood as uncritical of socioeconomic inequalities and dominant political discourses, and conceptualising change as people needing to adapt to their circumstances in society (Garrett, 2003; Lafantaisie et al., 2020).

11.6 Development of the GECAT and Future Research

Journal article 4 described how the tool has undergone initial pilot testing, and also how further focussed and larger scale pilot testing is required. It stated that the piloting will need to specifically test for intra-rater reliability, an important aspect of the COSMIN framework's key properties for applied measurement tools (Mokkink et al., 2010). As outlined above, discussions are ongoing with the Welsh government to undertake a pilot study that can offer more extensive data on the tool's psychometric properties. The pilot proposal under discussion includes a two-year study in two Welsh regions (each comprising four local authorities) using a case-control study

design, where within each region two local authorities use the tool and two do not (using the assessment form currently in use instead). Support will be offered through a community of practice model, which can assist the implementation of evidence-based approaches (Adedoyin, 2016). There will be evaluation of how well the evidence-based approach of the GECAT is being implemented in practice, as implementation can be a thorny issue (Aarons & Palinkas, 2007). Quantitative and qualitative data will be collected and analysed to effectively triangulate findings, as triangulation is critical for effective psychometric testing (Barzel & Reid, 2011; Ross et al., 2012).

The pilot phase tested the tool out with a variety of professionals, but not, for example, with the police or housing professionals. It will be important for future piloting to include these professions, given the importance of effective multi-agency working in neglect cases (Daniel, 2015; Long et al., 2014) and the potential benefits of all relevant professionals using the same assessment tool (Luckock, Barlow & Brown, 2015; Stanley & Humphreys, 2014). As joined-up working, thinking, and systems are considered critical in cases of child neglect (Daniel, Taylor & Scott, 2010; Horwath, 2013), consideration will also need to be given to how the GECAT can be linked with other tools and frameworks in future research. This may be aided by the development of an e-tool, supporting joined-up data and systems (Eito Mateo, Gomez Poyato & Marcuello-Servos, 2018).

E-social work is understood as social work that uses information and communications technology within our modern digital and web-based world (Lopez Pelaez, Perez Garcia & Masso, 2018). Ethics, digital inequalities, and relationships between practitioner and service user are critical to its development (Lopez Pelaez &

Marcuello-Servos, 2018; Reamer, 2015; Sparks, 2013). Initial discussions have been held with a developer and Welsh Government to develop an app version of the tool, an e-tool.

However, attention will need to be given to how an e-tool may be received in practice and within professional contexts where some information and communication technology (ICT) developments have been negatively received (Coleman, 2011). Having said this, a growing number of studies show that social workers, and allied professionals such as nurses, are increasingly confident in, and accepting of, the use of ICT systems and tools, especially those that allow them to perform traditional tasks, such as assessment, more effectively (Eito Mateo, Gomez Poyato & Marcuello-Servos, 2018; Goldkind, Wolf & Jones, 2016). In line with the collaborative approach of this research project, it will be important to involve key stakeholders in the design and development of the e-tool and to consider the ethical implications (Lopez Pelaez & Marcuello-Servos, 2018).

If developed ethically, and with usability and simplicity at the forefront, the e-tool could support proactive and preventative practice and reduction in gaps in service provision, through more efficient use of resources and practitioners' time (King, Spencer & Meeks, 2022). The e-tool could also support reductions in bureaucracy and form-filling, with one form completed in the field that uploads automatically to the overarching ICT system (Lopez Palaez, Perez Garcia & Masso, 2018).

As discussed above, this thesis has not fully examined the gendered concept of neglect or included the deeper narratives of those who have been neglected. Future research could look to explore such elements through a phenomenological

approach, incorporating in-depth semi-structured interviews and ethnographic observations of assessments, exploring lived experience and perceptions of neglect in greater depth (Creswell & Creswell, 2018; Hammersley, 2013). The study could offer an in-depth exploration of the assessment of neglect and explore whether assessments are inclusive of gendered elements of care (Blaikie & Priest, 2019; Brinkman & Steinar, 2015). Such an approach could add depth to the knowledge generated in this thesis, capturing the complexities of lived experiences, the impacts of social norms, and the conflicting social constructions and understandings of neglect that can play out in practice between professionals and families (DeLong Hamilton & Bundy-Fazioli, 2013; Hammersley, 2013).

As discussed in this thesis, the social harm framework provides a useful and rigorously developed lens for analysing child neglect within wider society, government policies, and organisational practices. Further applied research using this framework could be conducted to analyse state and professional responses to neglect as a social form of harm. Pemberton's (2016) typology of social harms, encompassing physical, autonomy, and relational harms, could be applied for deeper exploration of the interrelated and cumulative impacts of social harms on family functioning and neglect. It would be interesting to analyse child neglect policies through the social harm lens, identifying how effectively they mitigate against social harms or to what extent they generate and amplify these harms.

11.7 Conclusion

Given the limited knowledge base on child neglect, neglects' prevalence, and its significant impacts for children, families, professionals, communities, and societies, this thesis developed a new and innovative child neglect assessment tool

for use by social workers and allied professionals, the GECAT. The studies of this thesis have ensured a coherent, evidence-based, and stepwise approach to the tool's development and a number of original contributions to knowledge, research and practice. The rigorous and collaborative approach adopted has produced a tool that shows validity for child neglect, supports research into practice, and focusses practice on key social harms. The GECAT can rebalance practice towards critically reflective, socially just, and supportive approaches, within a practice landscape that is often risk-focussed, authoritarian, and indifferent to social disadvantages.

The studies of this thesis have made significant contributions to the literature on the need for evidence-based approaches to assessing child neglect, the literature emphasising the links between neglect and socioeconomic disadvantages, and the literature calling for family-focussed supportive professional responses. These contributions are within a context of a limited formal knowledge base on neglect compared to other forms of child maltreatment. Importantly, these contributions have been to frontline practice, as well as academia and policy.

This thesis offers innovation in a number of ways. It offers the first Delphi study to develop a new child neglect assessment tool. It offers the first England and Wales wide survey of social workers' views on assessing child neglect. It has produced a new child neglect assessment tool, the GECAT, that is evidence-based and focussed on neglect as a social form of harm. Finally, it offers a solid foundation for further research into how child neglect can be effectively, ethically and fairly assessed within our deeply unequal societies.

12. References

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Appendices

Appendix 1

The Good Enough Care Assessment Tool

GOOD ENOUGH CARE ASSESSMENT TOOL

Family name:

Child/Young Person's name:

Lead professional's name:

Date assessment completed:

Date review completed:

Section 1: Introduction to the Tool

This assessment tool has been designed for use in busy practice settings and to support your professional judgements.

The main aims of the tool are:

a) To accurately assess if good enough care/neglect is present, and define its nature and extent
b) To support assessments that include things that make family life harder, such as poverty and social isolation
c) To support balanced and evidence-informed assessments that focus on strengths and concerns
d) To support proactive and preventative practice.

Note:

This tool should be family-centred, completed with families to ensure that their views, hopes and concerns are included.

Complete all the scales in the tool. For each scale choose the rating that best represents the situation. Then use the text boxes below the scales to explain the rating you have given.

Section 2: Current Level of Care and Main Strengths and Concerns

Use this section to record the current level of care for the child/young person, what professionals think is going well and not so well.

What is the current level of care provided for the child/young person?

Needs not met				Some needs met					Needs fully met
1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Examples supporting this rating	
Key evidence from research or guidance supporting this rating	

What is going well and what is not going so well for this family?

Main strengths	
Main concerns	

Section 3: Family Members' Views

Use this section to record the parent/carers and the child/young person's views fully and accurately. Drawings by the child/young person can be attached.

PARENT/CARERS' VIEWS: YOU KNOW THAT THE PROFESSIONALS HAVE CONCERNS ABOUT WHETHER YOUR CHILD/YOUNG PERSON IS GETTING GOOD ENOUGH CARE, OR MAY BE BEING NEGLECTED. PLEASE TELL US YOUR VIEWS ON WHAT YOU SEE AS GOING WELL/NOT SO WELL, WHAT YOU WOULD LIKE TO CHANGE, WHAT SUPPORT HAS WORKED FOR YOU BEFORE AND WHAT SUPPORT YOUR FAMILY NEEDS NOW.

CHILD/YOUNG PERSON'S VIEWS ON THEIR FAMILY LIFE (PLEASE MAKE USE OF TOOLS SUCH AS BEAR CARDS, KIDS' NEED/DON'T NEED CARDS AND THE ALL ABOUT ME BOOKLET):

Identify the parents/carers' hopes and aspirations for their child/young person:

Hope/Aspiration	How this can be used to encourage positive change

Section 4: Family Members / Professionals' Views - Causes, Complicating Factors and Strengths

Causes for neglect can be grouped under family (family not functioning well: example parent drug or alcohol use) and collective. Collective neglect can be through organisational factors (professional organisations not supporting well: example organisation in state of constant change) and community/society factors (families not provided with enough resources: example poverty).

At all of these levels strengths may also be demonstrated that are supporting the child/young person and their development.

Use these boxes to describe the causes of, and complicating factors for, this child/young person's (potential) neglect as well as the strengths at each level. Use this hyperlink for guidance and research on causes of, and complicating factors for, neglect: (Causes/Complicating Factors)

FAMILY LEVEL: **FACTORS IN THE FAMILY THAT MAY BE CAUSING OR CONTRIBUTING TO THIS CHILD/YOUNG PERSON'S NEGLECT.** **FACTORS IN THE FAMILY THAT ARE SUPPORTING THIS CHILD/YOUNG PERSON'S NEEDS.**
What's going well:
What's not going so well:
What is making the situation more complicated:
What can we change:

ORGANISATIONAL LEVEL: **IS THE SUPPORT BEING PROVIDED BY THE PROFESSIONALS AND THEIR ORGANISATIONS FOCUSSED, EFFECTIVE AND CARRIED OUT WITH THE FAMILY?** **ARE THE PROFESSIONALS AND THEIR ORGANISATIONS STRUGGLING TO OFFER FOCUSSED AND EFFECTIVE SUPPORT THAT INVOLVES THE FAMILY?**
What's going well:
What's not going so well:
What is making the situation more complicated:
What can we change:

COMMUNITY/SOCIETY LEVEL: **FACTORS IN THE COMMUNITY AND WIDER SOCIETY THAT MAY BE CAUSING OR CONTRIBUTING TO THIS CHILD/YOUNG PERSON'S NEGLECT.** **FACTORS IN THE COMMUNITY AND WIDER SOCIETY THAT ARE SUPPORTING THIS CHILD/YOUNG PERSON AND THEIR FAMILY'S NEEDS.** ***IT IS IMPORTANT TO CONSIDER IF THIS CHILD/YOUNG PERSON AND THEIR FAMILY ARE BEING PROVIDED WITH SUFFICIENT RESOURCES TO FUNCTION AS A FAMILY AND ENSURE THEIR CHILD/YOUNG PERSON'S NEEDS ARE MET.***
What's going well:
What's not going so well:
What is making the situation more complicated:
What can we change:

Section 5: Neglect Identification

This tool breaks down neglect into six types: *physical, medical, educational, emotional and social neglects, and lack of supervision and guidance.* Use this hyperlink to access guidance and research on these different types of neglect: (Types of Neglect)

Neglect runs from mild to severe, from some of a child/young person's needs being met to none of their needs being met:

> *Mild neglect* has some impact on the child/young person's health and development, with some needs being missed. An example is sometimes not providing stimulating activities in the home for a young child.
>
> *Moderate neglect* has a definite impact on the child/young person's health and development and will result in some harm to the child. An example is a child being consistently dressed in the wrong clothes for the weather conditions.
>
> *Severe neglect* has significant impacts on the child/young person's health and development, leading to significant harm. It involves persistent or acute neglect of a child/young person's needs, such as a child's needs for food and warmth consistently not being met. [1]

[1] Adapted from Horwath (2013) Child Neglect: A Guide for Prevention, Assessment, and Intervention.

Use this hyperlink to access guidance and research on neglect severity and neglect chronicity: (Severity & Chronicity)

Identify which of these neglects are present, how severe they are and how long they have been going on:

Neglect type	Present (Y/N)	Is the neglect mild, moderate or severe?	Is the neglect recent, ongoing or chronic?	Example observed or reported
Physical (Everyday care, help and protection)				
Medical (Health needs)				

Educational **(Stimulation and support for learning and development)**				
Emotional **(Being loved, valued and soothed)**				
Social **(Support for friendships, relationships and social inclusion)**				
Lack of supervision & guidance **(Keeping safe and helping child make safe decisions)**				

On a scale from 1-10, with 1 being of little to no concern and 10 being of significant concern, how severe does the neglect appear overall?		**Key evidence from research or guidance supporting this rating**
On a scale from 1-10, with 1 being of little to no concern and 10 being of significant concern, how chronic and persistent does the neglect appear overall?		**Key evidence from research or guidance supporting this rating**

Section 6: Impacts of Neglect for the Child/Young Person

Use this hyperlink to access research on the impacts of neglect for children/young people: (Impacts for the Child)

How much is the neglect currently impacting the child/young person?

No impact				Moderate impact					Severe impact
1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Examples supporting this rating	
Key evidence from research or guidance supporting this rating	

If things don't change, what potential impact will the neglect have on the child/young person going forwards?

No impact				Moderate impact					Severe impact
1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Examples supporting this rating	
Key evidence from research or guidance supporting this rating	

Think about the timing of the neglect for the child/young person:

Age neglect started	
Which developmental stages and milestones has the neglect affected?	
What have been the impacts of this?	

Section 7: Support for the Family

It is important to check out with the family what support they need to address any potential neglect concerns that they or others may have. Support and change should focus on family, community and society.

Use these hyperlinks to access guidance and research on capacity for change and providing appropriate support: (Capacity for Change) (Support for the Family)

How would you rate the family's capacity to address any neglect concerns with appropriate support and resources?

Change unlikely			Change possible						Change likely
1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Examples supporting this rating	
What is making change less likely?	
What is making change more likely?	
Key evidence from research or guidance supporting this rating	

Outline any previous support provided to the family and how effective this was (what has worked well or not worked so well previously/how did that make the family feel/what were the impacts for the child):

Previous support provided	Impacts of the support

Using the key issues and causes from Section 4, match available support and services (including multi-agency options) to develop a support plan:

Key neglect issues and causes	Available support and services	Action(s) to be taken (who and when)	Desired outcome(s)

Section 8: Assessment Overview, Summary of Scores and Level of Intervention

Complete the *assessment overview box* below when you have completed all other sections of the tool above. Summarise the key points from sections 1-8. Focus on the main concerns (what's not going so well), strengths (what's going well), causes of the (potential) neglect and agreed support for the family. Note key strengths and concerns at personal, family, community and society levels.

ASSESSMENT OVERVIEW

Is this child/young person being neglected?

Yes	☐
No	☐

Summary of scores:

Scale	Score given
Current level of care provided	
How severe the neglect appears overall	
How chronic/longstanding the neglect appears overall	
Current impacts for the child	
Anticipated future impacts for the child	
Family's capacity to address any neglect concerns with appropriate support and resources	

What level of intervention is recommended for this family?

Reflect on the summary of scores you have given above. Discuss these with the professional group and family. Use your professional judgement to recommend an appropriate level of intervention. When deciding on the level of intervention think whether any neglect identified is:

Mild neglect - universal services or targeted early help, including family, community and organisational support.

Moderate neglect - targeted early help or a care and support plan, including family, community and organisational support.

Severe neglect - a child protection plan, to include family, community and organisational support.

No intervention/support needed	☐
Universal services	☐
Targeted early help	☐
Care and Support Plan	☐
Child Protection	☐

Examples supporting this level of intervention	
Key evidence from research or guidance supporting this level of intervention	

Section 9: Follow-up Review

A review should be held with the family 3-6 months after the initial assessment. Use this section to review progress with the family and agree a support plan (if required) for the next 3 or 6 months.

REVIEW OF PROGRESS 1
Review of main neglect concerns (for example how severe the neglect appears overall, impacts for the child/young person etc.):
Review of types of neglect present, how severe they are, and how long they have been going on:
Review of causes/contributing factors for the neglect:
Review of strengths:
Review of support/services provided and their impacts:
Review of changes achieved:
Views of the professional group:
Views of family members:
Review of level of intervention recommended:
Support plan for next 3 or 6 months:

Guidance for Assessors

How to complete the tool:

- A **single assessment form** is to be completed for **each child/young person** by all the professionals working with the family (it is important to remember that each child/young person can be treated differently within the family). One lead professional will take overall responsibility for the form, pulling together the different sections to create a complete assessment. Other professionals will complete sections relevant to them (for example a teacher may complete the section on educational neglect and contribute to the sections on causes, complicating factors and strengths, and/or support for the family).
- **All sections** of the tool need to be completed in full.
- **All scales in the tool need to be completed.** For each 10-point scale choose the rating that best describes the situation. The views of the family should be gained on each scale.
- The open text box below each scale in the tool should be used to provide examples of any neglect and to identify evidence from research and guidance to support the choice of rating.
- The prompts encourage focussed and balanced responses.
- Seek family members' views on all sections of the tool and fully and accurately record their views in the *Family members' views* section.

Built-in review:

- The review section of the tool should be used at 3 or 6 month intervals to measure change and the outcomes of the support provided.

The tool draws on best evidence:

- The tool should be completed using the best available evidence. This means including your professional judgement (what you know), the family's perspectives (what they know and want) and the formal knowledge base (research, theory and key guidance). The hyperlinks to research and guidance should support you to produce a balanced assessment.

The ways social disadvantages contribute to neglect:

- Neglect is often characterised by the interaction of personal, family, community and society factors (including social disadvantages such as poverty). The assessment should fully consider the role of factors at all of these levels. Section 4 of the tool focuses on family, organisational and community/society factors to support this analysis.
- Challenges with social support and social relationships are significant for neglect and these should be carefully considered in your assessment.
- Parenting with poverty and disadvantage is fundamentally challenging and the assessment should include the ways socioeconomic stressors and other social harms are impacting family life and functioning.

The tool's definition of neglect:

As neglect can have a range of causes in and outside the family home, the tool applies the following definition:

“Neglect is when a child/young person's needs are not met, to a level that results in avoidable harm to their health, development or wellbeing. Neglect may be caused by family difficulties or through families not having enough resources or support to meet their children’s needs.”

Further guidance:

For further practice guidance, access the All Wales Practice Guide: Safeguarding children from neglect here: All Wales Practice Guide

Appendix 2:

University of Birmingham Ethical Approval

Dear Professor Montgomery,

Re: "Development of a child neglect measurement tool"

Application for Ethical Review ERN_21-0041

Thank you for your application for ethical review for the above project, which was reviewed by the Humanities and Social Sciences Ethical Review Committee.

On behalf of the Committee, I confirm that this study now has full ethical approval.

I would like to remind you that any substantive changes to the nature of the study as described in the Application for Ethical Review, and/or any adverse events occurring during the study should be promptly brought to the Committee's attention by the Principal Investigator and may necessitate further ethical review.

Please also ensure that the relevant requirements within the University's Code of Practice for Research and the information and guidance provided on the University's ethics webpages (available at https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Links-and-Resources.aspx) are adhered to and referred to in any future applications for ethical review. It is now a requirement on the revised application form (https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Ethical-Review-Forms.aspx) to confirm that this guidance has been consulted and is understood, and that it has been taken into account when completing your application for ethical review.

Please be aware that whilst Health and Safety (H&S) issues may be considered during the ethical review process, you are still required to follow the University's guidance on H&S and to ensure that H&S risk assessments have been carried out as appropriate. For further information about this, please contact your School H&S representative or the University's H&S Unit at healthandsafety@contacts.bham.ac.uk.

Kind regards,

Ms Sam Waldron (she/her)

Research Ethics Officer

Research Support Group

University of Birmingham

Dear Prof Montgomery

Re: "Development of a child neglect measurement tool"

Application for Ethical Review ERN_22-0346

Thank you for your application for ethical review for the above project, which was reviewed by the Humanities and Social Sciences Ethical Review Committee.

On behalf of the Committee, I confirm that this study now has full ethical approval.

I would like to remind you that any substantive changes to the nature of the study as described in the Application for Ethical Review, and/or any adverse events occurring during the study should be promptly brought to the Committee's attention by the Principal Investigator and may necessitate further ethical review.

Please also ensure that the relevant requirements within the University's Code of Practice for Research and the information and guidance provided on the University's ethics webpages (available at https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Links-and-Resources.aspx) are adhered to and referred to in any future applications for ethical review. It is now a requirement on the revised application form (https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Ethical-Review-Forms.aspx) to confirm that this guidance has been consulted and is understood, and that it has been taken into account when completing your application for ethical review.

Please be aware that whilst Health and Safety (H&S) issues may be considered during the ethical review process, you are still required to follow the University's guidance on H&S and to ensure that H&S risk assessments have been carried out as appropriate. For further information about this, please contact your School H&S representative or the University's H&S Unit at healthandsafety@contacts.bham.ac.uk.

Kind regards,

Ms Sam Waldron (she/her)

Research Ethics Officer

Research Strategy & Services Division

University of Birmingham

Appendix 3:

Systematic review: Databases searched and example of an electronic search

Systematic review: databases searched and example of electronic searches

Database searches and number of records found

1. Ovid PsycINFO n=750
2. ProQuest Social Services Abstracts-1 n=1062 [duplicates removed from 1 (101)]; (961 to screen)]
3. ProQuest Social Services Abstracts-2 n=890 [duplicates removed from 1&2 (219)]: (671 to screen)
4. ProQuest Sociological Abstracts n=1283 [duplicates removed from 1,2&3 (579)]: (704 to screen)
5. Ovid MEDLINE n=1012 [duplicates removed from 1,2,3&4(299)]: (713 to screen)
6. Ovid Embase (precise) n=301 [duplicates removed from 1,2,3,4&5(106)]: (205 to screen)
7. EBSCOhost ERIC n=419 [duplicates removed from 1,2,3,4,5&6 (124)]: (295 to screen)
8. EBSCOhost CINAHL n=613 [duplicates removed from 1,2,3,4,5,6&7 (315)]: (298 to screen)
9. Web of Science Social Science Citation Index (SSCI) n=654 [duplicates removed from 1,2,3,4,5,6,7&8 (341)]: (313 to screen)
10. Social Care Online n=264 [duplicates removed from 1,2,3,4,5,6,7,8 &((82)]: (182 to screen)

Example electronic search:

Search strategies

6. Embase

Search Strategy:

1	"Abuse and Trauma Questionnaire".mp. (7)
2	Abuse Dimensions Inventory.mp. (1)
3	Action for Children Assessment Tool.mp. (1)
4	Adult* Adolescent* Parent* Inventor*.mp. (32)
5	Alabama Parenting Questionnaire.mp. (63)
6	Assessing Environments III.mp. (8)
7	Babying Scale.mp. (0)
8	Behavio* Belief* Measure*.mp. (1)
9	(Child* Potential* and Mother* Scale*).mp. (0)
10	California* Famil* Risk* Assessment*.mp. (2)
11	((CARE Index and neglect*) or neglect index).mp. (10)
12	(living environment* and neglect).mp. (10)
13	(Child Abuse and Neglect Inventory).mp. (2)
14	(Child* Abuse and Neglect Questionnaire).mp. (25)
15	((child abuse and neglect reporting) or CANRSE).mp. (21)
16	(Child* Abuse Screening Tool or ICAST).mp. (328)
17	Child* Abuse Screening Tool.mp. (46)
18	(Child* Abuse Screening Tool or ICAST-C or ICAST-P or ICAST-R).mp. (55)
19	ICAST.ti,kw. or (ICAST and (abuse or neglect)).ab. (45)
20	(Child* Attitude* and Mother* Scale*).mp. (2)
21	(Child* Experience* adj2 Care adj2 Abuse).mp. (187)

22 (Child Maltreatment adj2 Assessment).mp. (24)
23 (Child* Neglect adj2 Evaluation).mp. (1)
24 Child* Parent* Relation* Scale.mp. (8)
25 (Child* Psychological Abuse and Neglect).mp. (12)
26 Child Trauma Questionnaire.mp. (49)
27 Child* Trauma Screen.mp. (2)
28 (Child* Wellbeing Scale or Child* Well being Scale).mp. (1)
29 (Child* Abuse Experience* and Questionnaire).mp. (35)
30 (Child* Experience* adj3 Advers* adj3 Measure).mp. (8)
31 ((Child* Experience* and Violence Questionnaire) or CEVQ).mp. (9)
32 "Child* Level of Living Scale".mp. (1)
33 Child* Maltreatment Questionnaire.mp. (4)
34 Child* Maltreatment Interview.mp. (6)
35 Child* Trauma Interview.mp. (20)
36 (Cognitive Appraisal Questionnaire adj3 (child* or parent*)).mp. (0)
37 Colorado Adolescent* Rearing Inventory.mp. (1)
38 Colorado Risk Assessment.mp. (0)
39 Colorado Safety Assessment.mp. (0)
40 (Community Norm* and Child* Neglect Scale).mp. (1)
41 Comprehensive Child* Maltreatment Scale.mp. (3)
42 (Conflict adj3 Tactics Scale adj3 Parent* adj3 Child*).mp. or (CTSPC or CTS-PC).ti,ab,kw. (72)
43 Dyadic Parent Child* Interaction*.mp. or DPICS.ti,ab,kw. (44)
44 (Early Risk* adj3 Physical Abuse adj3 Neglect Scale).mp. or ERPANS.ti,ab,kw. (1)
45 ((abuse adj2 neglect scale) or (neglect adj2 abuse scale)).mp. (2)
46 Emotional Neglect Measure.mp. (0)
47 (Family Maltreatment adj3 Diagnos*).mp. (1)
.48 (Family Maltreatment adj3 Measure).mp. (1)
49 (Family Risk adj3 Abuse adj3 Neglect).mp. (0)
50 Family Stress Checklist.mp. (8)
51 (Framework adj3 assessment adj3 children adj3 need?).mp. (2)
52 Graded Care Profile.mp. (1)
53 (((Home Observation* adj3 Measurement* adj3 Environment*) or HOME inventory) and (abuse* or neglect* or maltreat*)).mp. (20)
54 Home safety assessment.mp. (63)
55 (Home Safety adj3 Beautification Assessment).mp. (1)
56 (Identification adj2 Parents adj2 Risk adj2 child Abuse adj2 Neglect).mp. or IPARAN.ti,ab,kw. (2)
57 Child Abuse Inventory.mp. (2)
58 (Index adj2 Child Care Environment).mp. (3)
59 (ISPCAN adj3 Screening Tool).mp. (27)
60 (Society adj3 Prevention adj3 Child Abuse adj3 Neglect).mp. (33)
61 (Interview* adj3 child adj3 neglect).mp. (2)
62 (Maltreatment Abuse and Exposure Scale).mp. (1)
63 ((Maltreatment adj3 Abuse adj3 Chronology adj3 Exposure) or MACE Scale).mp. (38)
64 Maltreatment Classification System.mp. (19)
65 (Measure* adj3 Overall Abuse).mp. (0)
66 (Measure* adj3 Chronicity adj3 Maltreatment).mp. (1)

67 Modified Maltreatment Classification System.mp. (6)
68 Mother Child Neglect Scale.mp. (1)
69 Multidimensional Neglect* Behavio* Scale.mp. (8)
70 Ontario Child Neglect Index.mp. (0)
71 (Parent* Neglect adj3 Physical adj3 Sexual Abuse).mp. (4)
72 Parent* Supervision Attribute* Profile Questionnaire.mp. (8)
73 (perce* neglect* or (perce* adj2 parent* neglect*) or (perce* adj2 child neglect*)).mp. (83)
74 (Physical Neglect adj3 Measure*).mp. (6)
75 or/1-74 (1266)
76 ((CARE Index or Conflict Tactics Scale or ((Home Observation* adj3 Measurement* adj3 Environment*) or HOME inventory)) adj7 (child* or schoolchild* or girls or boys or infant* or toddler* or preschool* or pre-school* or unborn* or newborn* or babies or young or youth or youths or teen* or adolescen*)).ti,ab,kw. (309)
77 Brief COPE Inventory.mp. (101)
78 Early Trauma Inventory.mp. (160)
79 McMaster* Family Assessment.mp. (145)
80 (child* adj3 neglect* adj3 (checklist? or check list? or index or indices or instrument? or inventory or inventories or framework? or measure? or measurement? or questionnaire? or scale? or scor* or screening or self-report* or test* or subtest* or retest* or tool or tools)).ab,kw. (201)
81 (NSPCC or ISPCAN or (society adj5 (protection or prevention) adj5 child* adj5 (cruelty or abuse or neglect)) or child* society).ti,ab,kw. (139)
82 or/76-81 (1035)
83 childhood trauma questionnaire.mp. (2325)
84 (sensitivity adj3 specificity).mp. (445854)
85 ((reproducibility or dependability or repeatability) adj2 (finding? or result?)).ti,ab,kw. (5751)
86 validation study.mp. (89702)
87 validity.ab. /freq=2 (59959)
88 (reliab* adj5 valid*).ti,ab,kw. (70083)
89 (valid* or reliab*).ti. (195202)
90 predictive validity/ or predictive value/ (181134)
91 Reproducibility/ (217073)
92 Observer Variation/ (20011)
93 ((predict* or criteri* or con*) adj2 valid*).ti,ab,kw. (116891)
94 ((reliab* or valid* or standardi#ed) adj3 (checklist? or check list? or index or indices or instrument? or inventory or inventories or framework? or measure? or measurement? or questionnaire? or scale? or scor* or screening or self-report* or survey? or test* or subtest* or retest* or tool or tools)).ti,ab,kw. (336338)
95 (evaluat* adj3 (reliability or valid*)).ti,ab,kw. (33301)
96 (((reliability or validity) adj coefficient?) or inter* reliab*).mp. (31468)
97 internal consistency.mp. (39200)
98 ((alternate or parallel) adj3 reliability).ti,ab,kw. (248)
99 (test adj2 performance).mp. (21230)
100 (observer variation or variation coefficient).mp. (22154)
101 (discriminative or discriminant analysis).ti,ab,kw. (44508)
102 ((interscale or inter-scale or interclass or inter-class) adj correlation?).mp. (2489)

103 (interrater or inter-rater or intrarater or intertester or inter-tester or intratester or intra-tester or interobserver or inter-observer or intraobserver or intra-observer or interexaminer or inter-examiner or intraexaminer or intra-examiner or interindividual or inter-individual or intraindividual or intra-individual or interparticipant or inter-participant or intraparticipant or intra-participant).mp. (116331)
104 (test-retest or test-re-test).ti,ab,kw. (32175)
105 kappa?.mp. (220759)
106 ((area under adj2 curve) or confirmatory factor analysis or comparative fit index or classical test theory or differential item functioning or intraclass correlation coefficient or item response theory or (limits adj2 agreement) or minimal important change or RMSEA or root mean square or (error adj2 approximation) or (standard error adj2 measurement) or smallest detectable change or SRMR or standardised root mean residuals or Tucker-Lewis index).mp. (246281)
107 (compar* adj3 (checklist? or check list? or index or indices or instrument? or inventory or inventories or framework? or measure? or measurement? or questionnaire? or scale? or scor* or screening or self-report* or test* or subtest* or retest* or tool or tools)).ti,ab,kw. (306722)
108 (assess* and (cutoff or cut-off point)).ti,ab,kw. (30595)
109 psychometric propert*.mp. (27462)
110 Principal Component Analysis/ (46685)
111 Factor Analysis/ (7488)
112 or/84-111 (1992691)
113 75 and 112 (219)
114 82 and 112 (211)
115 83 and 112 (374)
116 (child* and neglect* and (checklist? or check list? or index or indices or instrument? or inventory or inventories or framework? or measure? or measurement? or questionnaire? or scale? or scor* or screening or self-report* or test* or subtest* or retest* or tool or tools)).ti. (83)
117 (child* neglect* adj2 (checklist? or check list? or index or indices or instrument? or inventory or inventories or framework? or measure? or measurement? or questionnaire? or scale? or scor* or screening or self-report* or test* or subtest* or retest* or tool or tools)).ab,kw. (29)
118 (neglect adj (checklist? or check list? or index or indices or instrument? or inventory or inventories or framework? or measure? or measurement? or questionnaire? or scale? or scor* or screening or self-report* or test* or subtest* or retest* or tool or tools)).ti,ab,kw. and (Child* or schoolchild* or girls or boys or infant* or toddler* or preschool* or pre-school* or unborn* or newborn* or baby or babies or young* or teen* or youth? or adolescen*).mp. (125)
119 or/116-118 (207)
120 ((child* or schoolchild* or girls or boys or infant* or toddler* or preschool* or pre-school* or unborn* or newborn* or baby or babies or young or youth or youths or teen* or adolescen*) adj5 neglect* adj5 (checklist? or check list? or index or indices or instrument? or inventory or inventories or framework? or measure? or measurement? or questionnaire? or scale? or scor* or screening or self-report* or test* or subtest* or retest* or tool or tools)).ti,ab,kw. (429)

121 ((Child* or schoolchild* or girls or boys or infant* or toddler* or preschool* or pre-school* or unborn* or newborn* or baby or babies or young* or teen* or youth? or adolescen*) adj neglect*).ti,ab,kw. (1181)
122 (((child* or schoolchild* or girls or boys or infant* or toddler* or preschool* or pre-school* or unborn* or newborn* or baby or babies or young or youth or youths or teen* or adolescen*) adj5 neglect* adj5 risk?) and (checklist? or check list? or index or indices or instrument? or inventory or inventories or framework? or measure? or measurement? or questionnaire? or scale? or scor* or screening or self-report* or test* or subtest* or retest* or tool or tools)).ti,ab,kw. (232)
123 ((Child* or schoolchild* or girls or boys or infant* or toddler* or preschool* or pre-school* or unborn* or newborn* or baby or babies or young* or teen* or youth? or adolescen*) adj5 ((physical* or emotion* or psycholog* or supervis* or nutrition* or education* or medical* or dental* or depriv* or ritual* or spiritual*) adj5 neglect*)).ti,ab,kw. (1467)
124 ((Child* or schoolchild* or girls or boys or infant* or toddler* or preschool* or pre-school* or unborn* or newborn* or baby or babies or young* or teen* or youth? or adolescen*) adj3 cruel*).ti,ab,kw. (111)
125 ((Child* or schoolchild* or girls or boys or infant* or toddler* or preschool* or pre-school* or unborn* or newborn* or baby or babies or young* or teen* or youth? or adolescen*) adj5 (expos* or witness*) adj5 (violen* or victim*)).ti,ab,kw. (2321)
126 ((Child* or schoolchild* or girls or boys or infant* or toddler* or preschool* or pre-school* or unborn* or newborn* or baby or babies or young* or teen* or youth? or adolescen*) adj1 abandon*).ti,ab,kw. (342)
127 ((Child* or schoolchild* or girls or boys or infant* or toddler* or preschool* or pre-school* or unborn* or newborn* or baby or babies or young* or teen* or youth? or adolescen*) and abandonment).ti,kw. (190)
128 ((Child* or schoolchild* or girls or boys or infant* or toddler* or preschool* or pre-school* or unborn* or newborn* or baby or babies or young* or teen* or youth? or adolescen*) adj5 (depriv* or lack* or fail* or inadequate* or insufficient* or poor) adj5 (social* or emotional* or psychosocial* or psycho-social* or psychological*)).ti,ab,kw. (1660)
129 ((Child* or schoolchild* or girls or boys or infant* or toddler* or preschool* or pre-school* or unborn* or newborn* or baby or babies or young* or teen* or youth? or adolescen*) adj5 (depriv* or lack* or fail* or inadequate* or insufficient* or poor) adj5 (childcare or affection* or attention or supervis*)).ti,ab,kw. (551)
130 ((Child* or schoolchild* or girls or boys or infant* or toddler* or preschool* or pre-school* or unborn* or newborn* or baby or babies or young* or teen* or youth? or adolescen*) adj5 ((absen* or absentee* or fail* or refus* or inability or lack* or noncomplian*) adj5 (school* or healthcare or dental or education* or medical or universal service* or protecti* service* or welfare service*))).ti,ab,kw. (2311)
131 (unwanted adj (Child* or schoolchild* or girls or boys or infant* or toddler* or preschool* or pre-school* or unborn* or newborn* or baby or babies or young* or teen* or youth? or adolescen*)).mp. (242)
132 ((psychosoc* or psycho-soc*) adj3 depriv* adj3 (Child* or schoolchild* or girls or boys or infant* or toddler* or preschool* or pre-school* or unborn* or newborn* or baby or babies or young* or teen* or youth? or adolescen*)).ti,ab,kw. (29)

133 ((psychosoc* or psycho-soc*) and depriv* and (Child* or schoolchild* or girls or boys or infant* or toddler* or preschool* or pre-school* or unborn* or newborn* or baby or babies or young* or teen* or youth? or adolescen*)).ti,kw. (36)
134 (child* adj3 protecti* adj3 (service* or welfare)).ti,kw,hw. (421)
135 or/120-134 (10547)
136 112 and 135 (813)
137 child protection/ (1762)
138 Child Welfare/ (14587)
139 social care/ or social support/ or social work/ or social work practice/ or social worker/ (129901)
140 Case Management/ or casework*.mp. (14622)
141 maternal child health care/ or child health care/ (34685)
142 child parent relation/ or father child relation/ or maternal behavior/ or mother child relation/ or paternal behavior/ (80052)
143 patient referral/ (113359)
144 risk assessment/ (569299)
145 Needs Assessment/ (24304)
146 mandatory reporting/ (3329)
147 Decision Making/ or decision support system/ (246108)
148 decision making.ti,ab,kw. (189576)
149 (professional judgement? or systems approach).mp. (4402)
150 ((care or case or liaison or protecti* or social or support) adj (work* or officer?)).mp. (62394)
151 (social care or social services).af. (41242)
152 ((assumption adj2 care) or protecti* services or child protecti* or child* welfare or child* court? or court removal or child separation or (child* adj3 separated from) or custody loss or ((infant* or child) adj5 remov*) or fostercare or foster care or foster home? or out-of-home care or (risk adj3 (harm or violence))).ti,ab,kw. (18520)
153 field work*.mp. or "in the field".ab. (211148)
154 *questionnaire/ (36703)
155 *interview/ (7279)
156 child neglect/di (35)
157 psychometry/ (60846)
158 rating scale.hw. (170773)
159 or/137-158 (1758029)
160 115 and 159 (138)
161 136 and 159 (386)
162 1 or 2 or 3 or 6 or 8 or 10 or 11 or 12 or 13 or 20 or 23 or 24 or 27 or 28 or 30 or 31 or 32 or 33 or 34 or 37 or 40 or 41 or 44 or 45 or 47 or 48 or 50 or 51 or 52 or 55 or 56 or 57 or 58 or 61 or 62 or 66 or 67 or 68 or 69 or 71 or 74 (140)
163 113 or 114 or 119 or 160 or 161 or 162 (1087)
164 limit 163 to exclude medline journals (83)
165 child neglect/ (3164)
166 (assessment? or checklist? or check list? or index or indices or instrument? or inventory or inventories or framework? or measure? or measurement? or questionnaire? or scale? or scor* or screening or self-report* or test* or subtest* or retest* or tool or tools).ti,kw. (2046667)
167 165 and 166 (225)

168 164 or 167 (301)

Appendix 4

Peer reviewers' feedback and University of Birmingham Research Excellence Framework (REF) grading on journal article 1: A systematic review of measures of child neglect

Peer Reviewers' Feedback and University of Birmingham Research Excellence Framework (REF) Grading on Journal Article 1: A Systematic Review of Measures of Child Neglect

Section one of appendix 4 comprises the substantive feedback from the two peer reviewers on *Journal Article 1: A Systematic Review of Measures of Child Neglect* and my comments in response. Section two of the University of Birmingham's REF grading for the article by the School of Social Policy's Reading Panel, where the article received a 4* grading. The article was published in Research on Social Work Practice.

Section one

The comments from the journal's peer reviewers and my responses have been included to demonstrate how the article was diligently developed and improved through the reviewing process and the journey to its publication. There was only one round of comments. Although Reviewer B's style of commentary was more uncompromising, the points they made were important and the changes made in response improved the article.

One primary theme of the comments was to ensure clarity in the article within the context of child neglect being a complicated and opaque form of child maltreatment. Another was to ensure a clear focus in arguments and separation between ideas. Further, to consistently recognise how the complexity of neglect leads to complexity in its measurement. Finally, to ensure balance in arguments being made.

Reviewers' comments

Reviewer A

Comment: The label for Figure 1 may need to be adjusted; it is not clear from the figure how the negative risk factors are mitigated or changed to create the protective factors on the right-hand side. Perhaps the figure could be risk/protective factors for neglect? Theory of change usually involves a specific hypothesis about how change might occur (via programs, initiatives, etc.)

Response: *Thank you for your observation, we have now amended the figure to include arrows from each side to more clearly portray that the range of risk and protective factors influence a child's needs being met and child neglect.*

Comment: The limitations section could be expanded—even among “high income countries,” there is much variation in how neglect is defined. How have some of the tools used in multiple countries been adapted for different legal and cultural contexts?

Response: *Thank you for this comment. We have amended the limitations section to portray how variations in definition between countries further complicate the picture and create issues for a consistent approach to neglect measurement. Our review’s scope does not include assessing how tools can be adapted to different legal and cultural contexts. We have tried to be cross-cultural and careful to be inclusive of global ideas of what neglect is considered to be. At the heart of this issue is the matter that many measures have not questioned validity in its different forms including content, construct and criterion validity. We have aimed to do this carefully and systematically in this review.*

Reviewer B

Comment: The core of this paper is "Measures of Child Neglect," however, in Page 3:13-15, "However, a variety of more sophisticated definitions have been developed within professional practice and academia." the authors describe the complexity of Child neglect definitions, but do not state the relationship between definitional complexity and measurement tools.

Response: *Thank you for your comment, we have amended this section to include the link between poorly defined concepts and measurement. The article now states (p.2) ‘Without clarity on the definition of a concept like neglect, precise and accurate measurement is difficult to achieve (Perron & Gillespie, 2015).’*

Comment: Page 4.50: "The scope of neglect is debated---These issues are important in light of the longstanding issues of inaccuracy and error in social work assessments of neglect (Daniel et al, 2011; Horwath, 2013; Taylor, 2017)." This passage requires the author to rethink the logic of the language, which states very mixed, numerous and incoherent elements. Some of the content does not have a practical point, such as "The concept of neglect is contested and open to significant interpretation in academia and practice (Dubowitz et al, 2004 (Dubowitz et al, 2004)"; while some elements are repetitive with the context, such as "These issues are

important in light of the longstanding issues of inaccuracy and error in social work assessments of neglect".

Response: *We have aimed to simplify and clarify this section and thank the referee for drawing this to our attention.*

Comment: From Page 8.52 to Page 10.2, the authors have gone to great lengths, even redundantly, to address the inadequacy of social work assessments of Child Neglect and the dangers of such inadequacies. However, at the end of "2.4 Existing Social Work Assessments of Child Neglect," the authors state, "Even with these challenges, a thorough social work assessment remains the best tool available in the field (Holland, 2010; Milner et al, 2015; Taylor, 2017), and high-quality assessments are the cornerstone of good practice (Munro, 2020)." Clearly, this sudden strong turn does not convince the reader.

Response: *Thank you for this comment. We have now simplified and balanced this section, to support the reasoning behind a completed social work assessment being the best tool in the field.*

Section two

School of Social Policy

Output Review Form

Details of output
Simon Haworth et al (2022) A Systematic Review of Measures of Child Neglect, Research on Social Work Practice 1–26

Overall score (12pt scale)

	Unclass-ified	One star			Two star			Three star			Four star		
Score		1.	2.	3.	4.	5.	6.	7.	8.	9.	10. x	11.	12.
Comments	This is a well-executed review paper on an important gap in knowledge and practice.												

Originality

Comments	While the paper essentially builds on previous work rather than providing a new line of inquiry. there is an accumulation of small points of originality (methodological, empirical etc) that are substantial when combined. This SR focuses on tools to assess actual child neglect. Perhaps originality (and significance) could have been better explained by authors- ie it SEEMS both Originality and Significance, but stronger claims needed?

Significance

Comments	The case for the importance of the topic and potential contribution of frameworks/measures is persuasively made. The review found only a small number of frameworks but nevertheless produced important results, and the summary of messages from excluded studies adds to this. The paper explains that there is no 'gold standard', but perhaps a little more was needed justifying the choice of the operational definition of neglect adopted by the UK government (given later in paper but not signposted)- ie better signposting needed. Similarly, perhaps more needed on the 'Theory of Change'

Rigour

Comments	The approach to theory, methods, quality assessment criteria and execution of the review all seem thorough and highly rigorous. The SR is based on Cochrane, and on PROSPERO. It seems to be well carried out, and adopted a collaborative approach with practice partners, Birmingham Children's Trust, with User involvement in the form of advisory and stakeholder groups.

Appendix 5

Pre-Delphi focus groups: Focus group topic guide

Pre-Delphi Focus Group Topic Guide

University of Birmingham (School of Social Policy)

Developing a Child Neglect Measurement Tool

Opening Question:
What do you see as key features of neglect, what do you think of when you hear the word neglect?

- What are key risk and protective factors?

Opening discussion topic:

Drawing on your experience and knowledge. What general features are needed in a good child neglect measurement tool?

1. What important things do you think the tool should actually measure?

2. What do you all think about the focus of a good tool – should it include the age of the child, and what about other elements (such as disability)?'.

3. Can you describe the key features of a usable assessment tool in practice. Please think about the following:
   a) Length of time to complete
   b) Acceptability to children and families
   c) Easy to use
   d) How child focussed it is
   e) Can be used across all stages of children and families social work

4. How do you think a good tool could balance the need for rapid completion over comprehensive detail? (e.g. Is it more important to be quick to complete or for the tool to be comprehensive and detailed?).

5. Who do you think a tool be should used with, parents, children, professionals?

Pause for reflection and questions from the group.

6. Is it important for a tool to include personal, family and environmental factors or focus on one or two of these areas only?
   a) Are any of these factors more or less important?

7. Is it important for a tool to focus on wider social factors?
   a) Ethnic and cultural factors
   b) Poverty
   c) Homelessness
   d) Social isolation
   e) Lack of access to supportive factors

f) Any other

8. Is a severity rating scale important for a neglect tool?
   a) If yes, what should this look like (for example is 5 point scale from no problem, through moderate issue to severe problem acceptable or is a more detailed scale needed?)

9. Is a scale for rating how chronic and longstanding the neglect is also important?
   a) If yes, what should this scale look like, so similar to severity rating scale or something different?

10. Is it important for a tool to indicate areas of support for the family?
    a) If yes, what might key areas be?

11. Is there anything else you can think of?

As a closing:

- Please name the most important thing discussed today about neglect measures in no more than 5 words.

Appendix 6

Pre-Delphi focus groups: Information and consent form (parents' version)

Focus Groups (Expert by Experience Version)

University of Birmingham (School of Social Policy)

Developing a Child Neglect Measurement Tool
Focus Groups
Ethics Approval Reference: ERN_21-0041

What are we doing?

We are carrying out a study to develop a new tool for measuring child neglect. It is called a Delphi study. Delphi studies are very useful for gaining views from a variety of people from different areas and supporting people who take part to have time to think about their ideas before sharing them. They allow anonymity to be maintained (so, for people to take part without other people knowing their name or details). Delphi studies have been used to successfully address a variety of issues.

The study will involve focus groups to gain views from service users, professionals (including social workers, family support workers, health and education professionals) and academics on what should be in this tool. These are groups where you will get the opportunity to discuss ideas together.

We would like to let you know what our study is about. We would also like to ask you to take part. Before you decide, please feel free to discuss your views with someone else. It is completely up to you whether to take part or not.

The focus groups will get yours and others views on what should be in this new tool. They will also get yours and others views on how to assess how bad the neglect is. We want to understand what is needed in this new tool.

We are asking you to take part as you have experience of professional intervention for neglect. If you accept, we will ask you to join an online discussion with other people. This will include other service users and academics.

What are we trying to achieve?

We want to develop a usable and reliable tool to assess child neglect in children from 0-18 years old. We want this tool to help professionals to carry out assessments that are thorough, fair and take in all the important things going on in children and families' lives.

The tool will need to be short, easy to use and simple. It will need to be focussed on children and their families, what's going well and what's not going well. It will also need to look at things that make family life harder, such as poverty, being isolated or homeless and not having professional services that offer support.

What will I have to do?

We will ask you to take part in a focus group meeting. This meeting will be online via Zoom. Only people taking part in the research will be present. We will not pay you for taking part, but we will greatly appreciate your time and views.

Two members of our research team will lead the meeting. The members are Paul Montgomery, Jason Schaub and Simon Haworth. We will tell you about the research project at the start of the meeting and what we have done so far.

We will then ask the group to share ideas and discuss these together. We will ask you what you think should be in a tool for measuring child neglect. We will also ask you how you think we can assess how bad the neglect is. We will try to answer any questions that people have. We will make sure that everyone gets the chance to share their views. We will give you plenty of time to share your views. It will therefore be very important for all of us to use understandable language that can be understood by all involved, to encourage everyone to be able to fully participate.

We will not ask you to share personal or sensitive information. You do not have to share any information that you are not comfortable sharing. However, it is possible that you may share some personal or confidential information by accident, or that you may feel uncomfortable talking about something. We do not wish for this to happen. You do not have to answer any question or share your views if you feel that this will involve you sharing personal or sensitive information. You will not have to talk about anything that makes you feel uncomfortable.

How will information be recorded and saved?

We will record the meeting. The recording will be securely saved and stored. This is expected at the University of Birmingham. No one else except the research team of Paul Montgomery, Jason Schaub and Simon Haworth will have access to the recordings.

The research may draw attention from other academics. If you take part, you may be asked questions by other academics. However, we will not share your information with anyone outside of the research team.

Informed Consent Form (Experts by Experience)

Developing a Child Neglect Measurement Tool
Focus Groups

General:

1) I agree to take part in the research study: “Developing a Child Neglect Measurement Tool: Online Focus Groups”.

2) This research is trying to develop a new tool for measuring child neglect. This tool will be short and easy to use.

3) It has been explained to me that I have been asked to take part as I have experience of professional intervention for neglect. I understand that service users, professionals and academics will be taking part.

What I will be asked to do:

4) I understand that if I choose to take part I will attend a focus group meeting via Zoom. The study will run two focus groups; I will be asked to take part in one of these. Each meeting will last for 90 minutes.

5) The focus groups will ask for my views on what should be in the new tool for measuring child neglect. It will also ask for my views on how to assess how bad the neglect is. The research team want to understand what is needed in this new tool.

6) I understand that I will need to use clear and understandable language in the focus groups to ensure all participants can fully participate.

Risks:

7) I understand that there is very little risk involved with taking part in this research. I will be asked to take part in a focus group that is confidential and will not ask about my personal details. The focus group is online and there are not any anticipated risks for my health.

8) I will NOT be asked to share personal or sensitive information. All people who take part will be asked not to talk to people outside the group about what was said in the group. However, please be aware, that we cannot stop people who were in the group from sharing information with others.

Benefits of taking part:

9) I understand that this research is trying to support professionals to carry out assessments of child neglect that are fair and take in all the important things going on in children and families’ lives. That these assessments should include children and families views and parts of life that make things harder, such as poverty.

10) I understand that the information shared in this research may be used for reports and articles. It may also be used for Simon Haworth's PhD at the University of Birmingham. I will receive a summary of the results.

Are there any benefits or consequences for me:

11) I understand that I will not be paid for taking part in this study.

12) I understand that taking part will not affect any professional involvement with my family. My case will not be dropped if I take part and there will not be extra professional involvement if I stop taking part.

Ending my involvement:

13) I understand that I can refuse to take part in this research.

14) I understand that I can pull out of this research at any time until 2 weeks after I have taken part in the focus group. I understand that there will be no consequences for pulling out.

15) I understand that the research team may need to end my involvement if something happens that makes this necessary.

16) I understand that I have the right to refuse to answer any question I don't want to answer.

Research ethics:

17) I understand that a University of Birmingham Ethics Committee has agreed for this research to go ahead. I understand that Simon Haworth ( ) will answer my questions. If I have any complaints, I can contact Paul Montgomery ( ) or Jason Schaub). If I wish to make a formal complaint, I can contact the Humanities and Social Sciences (HASS) Ethics Committee at aer-ethics@contacts.bham.ac.uk.

Further consent:

18) The research team will let me know if they are going to make any significant changes to the research. The research team will talk to me about this and ask for my consent again.

19) I understand that the research team will not release any information that identifies me without me agreeing to this, unless this was required by law.

□ I am aware of the information presented above and agree to participate in this study.

Participant	**Researcher**
Signature:	Signature:
Date:	Date:

Appendix 7

Delphi study: Information and consent form (professionals and academics' version)

Delphi Surveys (Professionals and Academics Version)

University of Birmingham (School of Social Policy)

Developing a Child Neglect Measurement Tool
Online Delphi Survey
Ethics Approval Reference: ERN_21-0041

What is this study?

We are conducting an online Delphi survey to obtain feedback from experts and stakeholders on the development of a new child neglect measurement tool. We would like to give you information and invite you to participate in our research. Before you decide, please feel free to discuss your views with someone else. Your participation is voluntary. It is your choice whether to participate or not.

Delphi studies are very useful for gaining views from a variety of people from different geographical areas, supporting people who take part to have time to think about their ideas before sharing them and for maintaining anonymity in the process.

This online survey seeks to identify evidence for items to be included in a new child neglect measurement tool. Further, to identify criteria for a neglect severity scale for rating the severity of neglect. You have been selected to participate because you are a stakeholder of this area of research or practice.

What are the aims of the research?

We aim to develop a valid and reliable child neglect measurement tool for assessing neglect in children from 0-18. We aim for this tool to support more focussed, evidence-based and informed assessments of child neglect.

The tool will need to be short, accessible and simple. It will need to be able to be used by all multi-agency professionals in children and families lives, for example social workers, family support workers, health visitors and teachers. It will need to be child-focussed and family orientated. It will also need to be inclusive of wider disadvantages, such as poverty, social isolation, homelessness and lack of access to supportive services.

What will my participation involve?

Within the surveys you will be asked to propose and rate items for the child neglect measurement tool. You will be asked to comment on each item for the measurement tool. Survey one will ask you to brainstorm items for inclusion. Survey two will incorporate a 9-point Likert scale for you to rate the importance of included items. If survey three is required, it will ask you to consider your responses to survey two, in light of the response of the group.

This Delphi study is gaining views from a wide range of stakeholders, including practitioners, service users and academics. It will therefore be very important for all of us to use understandable language that can be understood by all involved, to encourage everyone to be able to fully participate.

Informed Consent Form (Professionals & Academics)

Developing a Child Neglect Measurement Tool
Online Delphi Survey

Overall involvement:

1) I agree to participate in the research study: “Developing a Child Neglect Measurement Tool: Online Delphi Survey”.

2) This research project aims to develop a new child neglect measurement tool. This tool will be short, accessible and easy to use in practice with children and families.

3) It has been explained to me that I have been asked to participate as I am an expert or stakeholder in this area. This includes professionals, service users and academics.

What my participation will involve:

4) I understand that if I choose to participate, I will answer a series of up to three surveys on developing a new child neglect measurement tool.

5) This study will last for 4 months. Surveys will be administered three weeks apart. Each will require approximately 30 minutes to complete. I understand that I will have two weeks to complete each survey.

6) I understand that I will need to use clear and understandable language in all of my answers.

Risks involved:

7) I understand that the study involves very little risk as I will be completing confidential, anonymised online surveys that do not ask about personal or sensitive data.

8) The responses from individuals will be kept anonymised. However, each participant will receive a summary of responses after round two. The summaries may contain anonymised quotations from participants.

9) In round two, we will hold an asynchronous and anonymous online discussion. Participants will have the opportunity see how their responses from Round one compare to those of other participants. *PLEASE NOTE that, while we will keep responses anonymous, it is possible for other participants to identify you if you share specific details. Such information might include the name of a study you have conducted or details of your professional organisation. We therefore cannot absolutely guarantee your anonymity.*

Benefits of my involvement:

10) I understand that this study aims to support more focused, evidence-based and informed assessments of child neglect. Further, that these assessments should be child-focused and family orientated.

11) Data from this survey may be used to inform peer-reviewed publications about the development of the new measurement tool. It may be used to inform a PhD thesis at the University of Birmingham for Simon Haworth.

12) I understand that I will not receive compensation for my participation in this study.

Ending my involvement:

13) I understand that I have the right to refuse to participate in this research.

14) I understand that I have the right to withdraw from this research at any point until 2 weeks after participating in the first survey. I understand that there will be no consequences for withdrawing.

15) I understand that if I do withdraw, answers that I have given to survey questions may still be used to inform the research project.

16) I understand that circumstances may arise, which might cause the research team to end my participation before the study is completed.

17) I understand that I have the right to refuse to answer any question in the surveys.

Research ethics:

18) I am aware that a University of Birmingham Ethics Committee has approved this research project. I understand that Simon Haworth ( ) will answer any questions I may have about this study. If I have any complaints about the study, I can contact Paul Montgomery ( ) or Jason Schaub ( ). If I wish to make a formal complaint, I can contact the Humanities and Social Sciences (HASS) Ethics Committee at aer-ethics@contacts.bham.ac.uk.

Further consent:

19) I will be informed if any significant changes are made to the study. The research team will obtain my consent again.

20) I understand that no information that identifies me will be released without my separate consent except as specifically required by law.

□ I understand the conditions listed above and agree to participate in this study.

Participant	**Researcher**
Signature:	Signature:
Date:	Date:

Appendix 8

Delphi study: Survey 1

Child Neglect Delphi 1

Welcome to our child neglect measurement tool study.

Our Study
In our study, we are interested in developing a new multi-agency child neglect measurement tool. We want this tool to help professionals complete assessments that are thorough and fair, and that use a whole family approach by including all the important elements of children and their families' lives. The tool will need to be short, easy to use and simple. To be useful, it should focus on what's going well and not well. It will also need to examine factors that make family life harder, such as poverty, isolation, homelessness and not having local professional services that offer effective support. It will need to support confident and balanced professional judgements in practice.

Delphi Surveys
To build this tool, this study includes three online surveys seeking input from experts through experience, professionals and academics. The surveys present information relevant to measuring child neglect: whether neglect is present, how severe it is and how long it has been going on for. We ask that you share your views on what should be included in a new child neglect measurement tool and how it should be designed. Your responses will be kept confidential. The only exception to this would be if your response portrayed current risk of harm to yourself or others.

Each survey should take you no more than 30 minutes to complete. Your participation in this research is voluntary. You have the right to withdraw at any time until 2 weeks after you have completed the first survey, for any reason, and with no consequences. If you would like to contact the Principal Investigator in the study to discuss this research, please e-mail Simon Haworth: [redacted]. If you would like to contact Simon's primary supervisor Paul Montgomery, please email: [redacted]

By clicking the button below, you acknowledge that your participation in the study is voluntary, you are 18 years of age, and that you are aware that you may choose to withdraw at any time until 2 weeks after you have completed the first survey, for any reason, and with no consequences.

Please note that this survey will be best displayed on a laptop or desktop computer. Some features may be less compatible for use on a mobile device.

- ○ I consent, begin the study
- ○ I do not consent, I do not wish to participate

Section 1: General features of the tool
Drawing on your experience and knowledge. What general areas does a child neglect measurement tool need to focus on, please rate the following in order of importance (by dragging each up or down in the list):

- Types of neglect
- Cause of neglect
- Timing of neglect (for the child in terms of age and development)
- Risk and protective factors
- Whether the neglect is intentional or not
- Grey areas - what we don't know about the family or neglect
- Child characteristics
- Parent/caregiver characteristics
- Social/community characteristics
- Professional interventions so far
- Identifying support that is needed
- Something else

What factors do you think the tool should measure (please choose as many as apply)?

- ☐ Likelihood of neglect
- ☐ Severity of neglect (how bad the neglect is)
- ☐ Chronicity of neglect (how long it has been going on)
- ☐ Impacts for the child now
- ☐ Anticipated future impacts for the child
- ☐ Capacity for change (likelihood of change with appropriate support)
- ☐ Something else _____

Should the tool focus on:

- ○ Impacts for the child through neglect
- ○ Level of care provided to the child and whether this is neglectful or not
- ○ Both

Should the tool be a document used on its own or would you recommend that other documents are used at the same time, for example, a lengthier social work assessment?

- ○ On its own
- ○ With other assessment documents

Do you think the tool should contain links to other documents and guidance, for example national guidance on neglect, key research on poverty, or key features of each type of neglect?

- ○ Yes
- ○ No

If the tool has an opening statement, should it focus on:

- ○ Legal definition of neglect
- ○ Family friendly definition of neglect
- ○ Professional aims of offering support and doing no harm
- ○ The nature of the tool itself
- ○ Something else _____

Section 2: Types of neglect

Our study breaks neglect down into physical, medical, educational, emotional and social neglects, and lack of supervision and guidance.

Are there any types of neglect you would add or take away from this list?

NB: (please choose as many as apply - tick the box if you want to take one away and enter

in the free text field under "I would add" to suggest other types of neglect)

- [ ] Physical
- [ ] Medical
- [ ] Educational
- [ ] Emotional
- [ ] Social
- [ ] Lack of supervision & guidance
- [ ] I would add _____

How much detail should be asked about each of the above elements?

- ○ Keep it brief, just list the type of neglect
- ○ Basic details on each type of neglect
- ○ Break each type of neglect into its key components (e.g. physical neglect: food, hygiene, clothing etc)

What are the 3 key components of each type of neglect? In other words what does each type of neglect involve?

- ○ Physical neglect (e.g. no food)

_____

- ○ Medical neglect (e.g. not attending key medical appointments)

_____

- ○ Educational neglect (e.g. no stimulation for child)

_____

- ○ Emotional neglect (e.g. being persistently unresponsive to child's signals for attention)

_____

- ○ Social neglect (e.g. persistent isolation of child)

_____

- ○ Lack of supervision & guidance (e.g. leaving child with inappropriate carers)

_____

Section 3: Scaling and scoring

Do you think it important that the tool include a rating scale for how severe/bad the neglect is?

- ○ Yes
- ○ No

If yes, what should this look like?
(For example a numbered scale or a colour coded scale)

- ○ 5 point scale (from no problem to severe problem)
- ○ 10 point scale (from no problem to severe problem)
- ○ Colour coded system indicating no problem through to severe problem
- ○ Something else _____

Would you recommend the tool includes scales for (please choose as many as apply):

- ☐ How chronic and longstanding the neglect is
- ☐ Impacts for the child
- ☐ Capacity for change with support
- ☐ None

Do you think these scales/systems should look the same as the severity scale or different?

- ○ Same
- ○ Different

Who should complete the rating scale(s) (please choose as many as apply)?

- ☐ One practitioner (e.g. social worker)
- ☐ All practitioners working with the family (so a group score)
- ☐ The family themselves

Section 4: A useable tool for all

Which of these features do you see as key for a useable tool in practice, please rank in order of importance (by dragging each up or down in the list):

- Quick to complete (1)
- Comprehensive and detailed (2)
- Understandable language for all (3)
- Child-focussed (4)
- Useable for all multi-agency services (5)
- A 'thinking tool' that prompts practitioners to explore issues (6)
- Something else (7)

For each feature you have identified, can you please suggest one way it could be built into the tool:

- ○ Quick to complete _____
- ○ Comprehensive and detailed _____
- ○ Understandable language for all _____
- ○ Child-focussed _____
- ○ Useable for all multi-agency services _____
- ○ A ‘thinking tool’ that prompts practitioners to explore issues _____

- ○ Something else _____

The tool needs to be simple and understandable, should the tool focus more on:

- ○ Scales
- ○ Free text boxes
- ○ Both

Should the tool have:

- ○ Written questions
- ○ Pictures/visual questions
- ○ Both

How can the tool be designed so it is suitable for a range of professionals and services, and can be used in a variety of settings, e.g. in school or a home visit (please choose as many as apply)?

- ☐ Clear multi-agency guidance
- ☐ Short and simple tool
- ☐ Focussed on different types of neglect (e.g. educational or physical)
- ☐ A section in the tool on multi-agency support for the family
- ☐ A section in the tool on level of intervention (e.g. Child in Need, Child Protection)
- ☐ Tool to be used to share information as well as refer families
- ☐ Something else _____

Would you recommend that the tool allow all professionals working with the family to be able to use the same form or do you think it better that each professional completes a separate form?

- ○ Same form
- ○ Different forms

What words should the tool use to describe neglect and what it is to make sure it is understandable for everyone?

_____

_____

_____

_____

_____

Section 5: What causes neglect

Causes for neglect can be grouped under family (family not functioning well: example parent drug or alcohol use) and collective. Collective neglect can be through organisational factors (professional organisations not supporting well: example organisation in state of constant change) and community/society factors (families not provided with enough resources: example poverty)

Please rank these in importance as causes for neglect:

- Family
- Organisational
- Community/society

What are the top 3 elements that you think should be included in family causes/complicating factors? (e.g. domestic abuse)

- ○ Element 1 _____
- ○ Element 2 _____
- ○ Element 3 _____

What are the top 3 elements that you think should be included in organisational causes/complicating factors? (e.g. organisation not offering support)

- ○ Element 1 _____
- ○ Element 2 _____
- ○ Element 3 _____

What are the top 3 elements that you think should be included in community/society causes/complicating factors (that make family's lives harder)? (e.g. poverty)

- ○ Element 1 _____
- ○ Element 2 _____
- ○ Element 3 _____

Should each category focus on (please choose as many as apply):

- ☐ Risks
- ☐ Risks & Strengths
- ☐ Static factors (historical, not open to change)
- ☐ Dynamic factors (open to change)

Section 6: Identifying support

Do you think it important that the tool should explore how the family can be best supported?

- ○ Yes
- ○ No

If yes, what might key areas be (please choose as many as apply)?

- [ ] Practical help
- [ ] Financial help
- [ ] Support with parenting
- [ ] Supporting parents with their own difficulties (e.g. mental health)
- [ ] Individual support for child/young person
- [ ] Supporting family's strengths and what they are doing well
- [ ] Therapeutic support
- [ ] Support with developing social networks
- [ ] Something else _____

Should the tool focus on timescales for change with support?

- ○ Yes
- ○ No

What strengths should the tool focus on at the individual level? (e.g. child or parent's resilience)

- ○ Strength 1 _____
- ○ Strength 2 _____
- ○ Strength 3 _____

What strengths should the tool focus on at the family level? (e.g. good levels of trust within the family)

- ○ Strength 1 _____
- ○ Strength 2 _____
- ○ Strength 3 _____

What strengths should the tool focus on at the community level? (e.g. good local children's centre)

- ○ Strength 1 _____
- ○ Strength 2 _____
- ○ Strength 3 _____

Should the tool focus on parents' aspirations for their children?

- ○ No
- ○ Yes

Section 7: Family-focussed

How should the tool capture views of parents/carers?

- ○ Free text box in the tool
- ○ Set of questions to ask parent/carer
- ○ Something else _____

How should the tool capture the views of children/young people?

- ○ Free text box in tool
- ○ Set of questions to ask child/young person
- ○ Something else _____

Should the tool identify which parent/carer is being assessed (for example mother or father) or act as a family-wide tool where assessment looks at the care from say both parents?

- ○ Identify which parent/carer
- ○ A family-wide tool

Section 8: Demographic questions
How old are you?

- ○ 18-39
- ○ 40-59
- ○ Over 60

Choose one or more ethnic groups that you consider yourself to be:

- ☐ White
- ☐ Other White
- ☐ Mixed/Multiple ethnic group
- ☐ Asian/Asian British
- ☐ Black/African/Caribbean/Black British
- ☐ Other _____

Which of these roles has connected you to the survey?

- ○ Expert by experience
- ○ Academic
- ○ Social Worker
- ○ Manager
- ○ Other professional

What is the highest level of education you have completed or the highest degree you have received?

- ○ GCSEs
- ○ A levels or equivalent
- ○ Some college but no degree
- ○ Undergraduate degree
- ○ Master's degree
- ○ Doctoral degree

Appendix 9

Delphi study: Survey 2

Child Neglect Delphi 2

Welcome back to our child neglect measurement tool study.

A quick reminder about our study
In our study, we are interested in developing a new multi-agency child neglect measurement tool. We want this tool to help professionals complete assessments that are thorough and fair, and that use a whole family approach by including all the important elements of children and their families' lives. The tool will need to be short, easy to use and simple. To be useful, it should focus on what's going well and not well. It will also need to examine factors that make family life harder, such as poverty and social isolation. It will need to support confident and balanced professional judgements in practice.

Participation
Each survey should take you no more than 30 minutes to complete.

If you would like to contact the Principal Investigator in the study to discuss this research and your participation, please e-mail Simon Haworth: If you would like to contact Simon's primary supervisor Paul Montgomery, please email:

By clicking the button below you acknowledge that your participation in this survey is voluntary and that you are 18 years of age or older.

Please note that this survey will be best displayed on a laptop or desktop computer. Some features may be less compatible for use on a mobile device.

- ○ I consent, begin survey
- ○ I do not consent, I do not wish to participate

Section 1: Opening statement and start of tool

The following questions will ask you about what should be included at the start of the tool, to ensure it has a clear and focussed opening section.

How important are the following for the tool's opening statement (please rate all options):

	1	2	3	4	5	6	7	8	9
Description of the nature of the tool itself	○	○	○	○	○	○	○	○	○
Family friendly definition of neglect	○	○	○	○	○	○	○	○	○
An emphasis on children's rights	○	○	○	○	○	○	○	○	○

Panel responses to our round 1 survey agreed that it is important for the language in the tool to be understandable for families and professionals. **With this in mind, which of the following do you think would be best to use in the opening statement (please rate both options):**

	1	2	3	4	5	6	7	8	9
Neglect is when a child's needs are not met to a level that significantly harms their health, development or wellbeing	○	○	○	○	○	○	○	○	○
Neglect is when there is an absence of care or resources for a child that significantly harms their health, development or wellbeing	○	○	○	○	○	○	○	○	○

If you disagree with both of these options, please suggest an alternative definition of neglect for the tool:

_____

_____

_____

_____

_____

Do you think it is important to have an executive summary below the tool's opening statement to provide an overview of the assessor's assessment of the family and their circumstances?

	1	2	3	4	5	6	7	8	9
Executive summary of assessment	○	○	○	○	○	○	○	○	○

Section 2: Neglect typology

The following question will ask you how the tool should identify different types of neglect in a clear way.

Responses to the round 1 survey showed agreement that the tool should include these types of neglect: physical, medical, educational, emotional, social, lack of supervision and guidance. **Which of these following options do you think would be best for identifying the neglect types in the tool (please rate both options):**

	1	2	3	4	5	6	7	8	9
A list of these neglect types, asking for the person using the tool to identify which are present	○	○	○	○	○	○	○	○	○
An open text box with prompts (bullet	○	○	○	○	○	○	○	○	○

points with concise information about each of these neglect types)

Section 3: Cause of neglect & risk/protective factors

The following questions will ask for your views on how the tool can identify the causes of neglect in a fair and balanced way.

There was agreement in round 1 that the tool needs to include family, organisational and societal/community causes and complicating factors for neglect. **Which of the following do you think would be the best way for seeking this information in the neglect assessment tool (please rate both options):**

	1	2	3	4	5	6	7	8	9
A section for each (one for family, one for organisational, one for societal)	○	○	○	○	○	○	○	○	○
An open text box with prompts (bullet points with concise information about family, organisational & societal causes of neglect)	○	○	○	○	○	○	○	○	○

Please explain your choice

_____

_____

_____

_____

_____

In round 1 most panellists agreed that when examining family, organisational and societal/community factors, the tool should focus on both strengths and concerns. **How important do you think identifying both strengths and concerns is for the tool to be balanced and fair?**

	1	2	3	4	5	6	7	8	9
Inclusion of both strengths & concerns	○	○	○	○	○	○	○	○	○

Likewise in round 1, most panellists agreed that when looking at family, organisational and societal/community factors, the focus should be on the factors that can change (called dynamic factors). **How important do you think a focus on these dynamic factors is for the tool to support clear assessments and support plans?**

	1	2	3	4	5	6	7	8	9
Inclusion of dynamic factors	○	○	○	○	○	○	○	○	○

Section 4: Scales (severity and chronicity)

The following questions will ask you what the scales in the tool should look like to ensure that they are clear and understandable.

In round one most respondents agreed the tool should include two rating scales to understand the neglect:

- one about the severity of the neglect
- one for how long the neglect has been going on.

There was no agreement in round 1 responses as to how these scales should be presented in the tool. **Which of these options do you think would be the best way for presenting these scales in the tool (please rate both options):**

	1	2	3	4	5	6	7	8	9
10 point scale (from no problem, through moderate to severe problem)	○	○	○	○	○	○	○	○	○
A traffic light colour	○	○	○	○	○	○	○	○	○

coded system from green, through amber to red indicating no problem through moderate, to severe problem	

How important do you think it is that the above rating scale should also include a text box to explain the rating?

	1	2	3	4	5	6	7	8	9
Text box to explain the rating	○	○	○	○	○	○	○	○	○

How important is it for the text box to be used:

	1	2	3	4	5	6	7	8	9
To give examples of the neglect	○	○	○	○	○	○	○	○	○
As a space for the assessor to identify knowledge to support their choice of rating	○	○	○	○	○	○	○	○	○

Please explain your choice

_____

Section 5: Impacts for the child & level of care provided

The following questions will ask for your views on how the tool should measure the impacts of the neglect for the child and the care provided for them.

Round 1 responses did not agree about which scales the tool should include for examining the impacts of the neglect on the child. **Do you think it important that the scales focus on (please rate both options):**

	1	2	3	4	5	6	7	8	9
Current impacts for the child	○	○	○	○	○	○	○	○	○
Anticipated future impacts for the child	○	○	○	○	○	○	○	○	○

Do you think the tool needs to capture the timing of the neglect for the child (age and developmental stage):

	1	2	3	4	5	6	7	8	9
How important is this?	○	○	○	○	○	○	○	○	○

What should this look like in the tool?

_____

_____

_____

_____

_____

Do you think it important that the tool also has a scale for the current level of care provided to the child?

	1	2	3	4	5	6	7	8	9
Scale for current level of care provided to the child	○	○	○	○	○	○	○	○	○

Section 6: Support & Change

The following questions will ask you what should be included in the support section of the tool to ensure the section is focussed on the most relevant issues.

How important do you think it is that the tool include a rating scale on the family's' capacity for change with appropriate support and resources?

	1	2	3	4	5	6	7	8	9
Rating scale on capacity for change with appropriate support & resources	○	○	○	○	○	○	○	○	○

Do you think it important for the tool to include a section on the level of intervention recommended (e.g. early help, child in need, child protection):

	1	2	3	4	5	6	7	8	9
How important is this?	○	○	○	○	○	○	○	○	○

Do you think the tool should include a section matching the neglect issues with available supports and services (including multi-agency options):

	1	2	3	4	5	6	7	8	9
How important is this?	○	○	○	○	○	○	○	○	○

Does the tool need to include a follow-up review (six weeks after initial assessment completed) to measure change and the outcomes of the support provided:

	1	2	3	4	5	6	7	8	9
How important is this for the tool?	○	○	○	○	○	○	○	○	○

Can you please describe how you think it would be best to design this follow-up review section?

_____

_____

_____

_____

How important do you think it is that the tool includes a section on previous support provided to the family and how effective it has been?

	1	2	3	4	5	6	7	8	9
Section on previous support provided & how effective it has been	○	○	○	○	○	○	○	○	○

A small majority of you in round 1 agreed the tool should have a section on parents' aspirations and hopes for their children. **How important do you think it is that the tool include parental aspirations and hopes for their children?**

	1	2	3	4	5	6	7	8	9
Inclusion of parental aspirations & hopes for their children	○	○	○	○	○	○	○	○	○

Please explain your choice:

_____

_____

_____

_____

_____

Section 7: Family's views

The following section will ask you how the tool should best capture family members' views.

In round 1, responses showed mixed opinions on how to best capture parent and carers' views. **Which of the following do you think would be the best option for capturing parent and carers' views (please rate both options):**

	1	2	3	4	5	6	7	8	9
Open text box with prompt questions (bullet points suggesting areas to discuss)	○	○	○	○	○	○	○	○	○
Set of questions to ask parent/carer	○	○	○	○	○	○	○	○	○

In round 1, a small majority of responses suggested that the best way to gather children/young people's views is an open text box with prompt questions. **Which of the following do you think would be the best way to design this text box (please rate all options):**

	1	2	3	4	5	6	7	8	9
Open text box with prompt questions (bullet points suggesting areas to discuss)	○	○	○	○	○	○	○	○	○
Open text box with prompt questions & option for drawing by the child	○	○	○	○	○	○	○	○	○
Set of questions to ask the child	○	○	○	○	○	○	○	○	○

Section 8: Nature of the tool

The following section will ask you questions on how professionals should contribute to the tool to ensure assessments are clear and coordinated. In this section 'overall responsibility' means pulling together the different sections of the tool to create a synthesised (complete) assessment.

A majority of responses to round 1 agreed there should be a single assessment form completed by all the professionals working with the family. **How important is it that one 'lead' professional (e.g. social worker) has overall responsibility for the form?**

	1	2	3	4	5	6	7	8	9
One lead professional with overall responsibility for the form	○	○	○	○	○	○	○	○	○

Regardless of having a lead professional or not, how much of the form do you think each professional should complete (please rate both options):

	1	2	3	4	5	6	7	8	9
The whole form	○	○	○	○	○	○	○	○	○
Only sections relevant to them(e.g. a teacher only completes the education section(s))	○	○	○	○	○	○	○	○	○

Section 9: Guidance for the tool

The following section will ask you what should be included in the guidance for the assessors completing the tool, to ensure assessments are clear, concise and informed.

A majority of responses to round 1 agreed that the tool should contain hyperlinks to guidance and research. **Which of the following do you think would need hyperlinks (please rate all options):**

	1	2	3	4	5	6	7	8	9
Types of neglect	○	○	○	○	○	○	○	○	○

How severe or bad the neglect is & how long the neglect has been going on	○	○	○	○	○	○	○	○	○
Causes or complicating factors for neglect	○	○	○	○	○	○	○	○	○
Impacts for the child	○	○	○	○	○	○	○	○	○
Level of care provided by parents/carers	○	○	○	○	○	○	○	○	○
Support for the family by multi-agency team	○	○	○	○	○	○	○	○	○
Parental/carer capacity for change	○	○	○	○	○	○	○	○	○

Every tool needs guidance for assessors so they are completed consistently. **Which of the following descriptions do you think would be the best type of guidance (please rate all options):**

	1	2	3	4	5	6	7	8	9
Very short and simple, focussing on how to complete the tool	○	○	○	○	○	○	○	○	○
Include both how to complete the tool and explanation that the tool draws on best evidence	○	○	○	○	○	○	○	○	○
Include how to complete the tool, that it is based on best evidence, and an explanation about its focus on how social disadvantages can contribute	○	○	○	○	○	○	○	○	○

to neglect

Please explain your choice:

_____

_____

_____

_____

_____

Section 10: Demographic questions

How old are you?

- ○ 18-39
- ○ 40-59
- ○ Over 60

Choose one or more ethnic groups that you consider yourself to be:

- ☐ White
- ☐ Other White
- ☐ Mixed/Multiple ethnic group
- ☐ Asian/Asian British
- ☐ Black/African/Caribbean/Black British
- ☐ Other _____

Which of these roles has connected you to the survey?

- ○ Expert by experience
- ○ Academic
- ○ Social Worker
- ○ Manager
- ○ Other professional

What is the highest level of education you have completed or the highest degree you have received?

- ○ GCSEs
- ○ A levels or equivalent
- ○ Some college but no degree
- ○ Undergraduate degree
- ○ Master's degree
- ○ Doctoral degree

Appendix 10

Delphi study: Survey 3

Child Neglect Delphi 3

Informed Consent

Welcome back to our child neglect measurement tool study.

A quick reminder about our study
In our study, we are interested in developing a new multi-agency child neglect measurement tool. We want this tool to help professionals complete assessments that are thorough and fair, and that use a whole family approach by including all the important elements of children and their families' lives. The tool will need to be short, easy to use and simple. To be useful, it should focus on what's going well and not well. It will also need to examine factors that make family life harder, such as poverty and social isolation. It will need to support confident and balanced professional judgements in practice.

Participation
If you would like to contact the Principal Investigator in the study to discuss this research and your participation, please e-mail Simon Haworth: [redacted] If you would like to contact Simon's primary supervisor Paul Montgomery, please email: [redacted]

By clicking the button below you acknowledge that your participation in this survey is voluntary and that you are 18 years of age or older.

Please note that this survey will be best displayed on a laptop or desktop computer. Some features may be less compatible for use on a mobile device.

- ○ I consent, begin survey
- ○ I do not consent, I do not wish to participate

Section 1: Opening statement & start of tool

The following questions will ask you about what should be included at the start of the tool, to ensure it has a clear and focussed opening section.

In round 2 you agreed as a panel that the opening statement should contain a family friendly definition of neglect. **How important are the following for the tool's opening statement (please rate both options):**

	1	2	3	4	5	6	7	8	9
Description of the nature of the tool itself Round 2: 71% rated as essential. Average rating 7.47	○	○	○	○	○	○	○	○	○
An emphasis on children's rights Round 2: 70% rated as essential. Average rating 7.45	○	○	○	○	○	○	○	○	○

Round 2 free-text responses made it clear that neither of the proposed options for a family friendly definition of neglect were satisfactory. We have therefore amended the options for this survey, based on a group discussion with selected practitioners and experts by experience.

Which of the following neglect definitions do you think would be best to use in the opening statement (please rate both options):

	1	2	3	4	5	6	7	8	9
Neglect is when a child's needs are not met, to a level that results in avoidable significant harm to their health, development or wellbeing. Neglect may be caused by family difficulties or	○	○	○	○	○	○	○	○	○

through families not having enough resources or support to meet their children's needs. Neglect is when there is an absence of care or resources for a child that results in avoidable significant harm to their health, development or wellbeing. For the purpose of this assessment we need to understand if this is a result of parental care, or a lack of resources or support being provided for the family by organisations or government.	

Do you think it is important to have a summary below the tool's opening statement to provide an overview of the assessor's assessment of the family and their circumstances?

	1	2	3	4	5	6	7	8	9
A summary of assessment below the tool's opening statement Round 2: 63% rated as essential. Average rating 7									

Section 2: Neglect Typology

The following question will ask you how the tool should identify different types of neglect in a clear way.

You have agreed as a panel that the tool should include these types of neglect: physical, medical, educational, emotional, social, lack of supervision and guidance. **Which of these following options do you think would be best for identifying the neglect types in the tool (please rate both options):**

	1	2	3	4	5	6	7	8	9
A list of these neglect types, asking for the person using the tool to identify which are present Round 2: 69% strongly agreed as best option for the tool. Average rating 7	○	○	○	○	○	○	○	○	○
An open text box with prompts (bullet points with concise information about each of these neglect types) Round 2: 60% strongly agreed as best option for the tool. Average rating 6.77	○	○	○	○	○	○	○	○	○

Section 3: Cause of neglect & risk/protective factors

The following questions will ask for your views on how the tool can identify the causes of neglect in a fair and balanced way.

You have agreed as a panel that the tool needs to include family, organisational and societal/community causes and complicating factors for neglect. **Which of the following do you think would be the best way for seeking this information in the neglect assessment tool (please rate both options):**

	1	2	3	4	5	6	7	8	9
A section for each (one for family, one for organisational, one for societal) Round 2: 73% strongly agreed as the best way for seeking this information in the tool. Average rating 7.21	○	○	○	○	○	○	○	○	○
An open text box with prompts (bullet points with concise information about family, organisational & societal causes of neglect) Round 2: 63% strongly agreed as the best way for seeking this information in the tool. Average rating 6.71	○	○	○	○	○	○	○	○	○

Section 4: Scales (severity & chronicity)

The following questions will ask you what the scales in the tool should look like to ensure that they are clear and understandable.

You have agreed as a panel that the tool should include two rating scales to understand the neglect:

- one about the severity of the neglect
- one for how long the neglect has been going on.

You have not agreed as a panel how these scales should be presented in the tool. **Which of these options do you think would be the best way for presenting these scales in the tool (please rate both options):**

	1	2	3	4	5	6	7	8	9
10 point scale (from no problem, through moderate to severe problem) Round 2: 69% strongly agreed as the best way for presenting these scales in the tool. Average rating 7.13	○	○	○	○	○	○	○	○	○
A traffic light colour coded system from green, through amber to red indicating no problem through moderate, to severe problem Round 2: 57% strongly agreed as the best way for presenting these scales in the tool. Average rating 6.76	○	○	○	○	○	○	○	○	○

In round 2 you agreed as a panel that there should be a text box to explain the rating given in these scales. You also agreed as a panel that this should be used to give examples of the neglect. **How important is it for the text box to also be used:**

	1	2	3	4	5	6	7	8	9
As a space for the assessor to identify knowledge	○	○	○	○	○	○	○	○	○

to support their choice of rating Round 2: 67% rated as essential. Average rating 7.17	

Section 5: Impacts for the child & level of care provided

The following questions will ask for your views on how the tool should measure the impacts of the neglect for the child and the care provided for them.

You have agreed as a panel that there should be a scale focussed on the current impacts of the neglect for the child. **Do you think it important that there is also a scale focussed on:**

	1	2	3	4	5	6	7	8	9
Anticipated future impacts for the child Round 2: 71% rated as essential. Average rating 7.06	○	○	○	○	○	○	○	○	○

Do you think the tool needs to capture the timing of the neglect for the child (age and developmental stage):

	1	2	3	4	5	6	7	8	9
How important is this? Round 2: 77% rated as essential. Average rating 7.38	○	○	○	○	○	○	○	○	○

Section 6: Support & Change

The following questions will ask you what should be included in the support section of the tool to ensure the section is focussed on the most relevant issues.

Do you think it important for the tool to include a section on the level of intervention recommended (e.g. early help, child in need, child protection):

	1	2	3	4	5	6	7	8	9
How important is this? Round 2: 73% rated as essential. Average rating 7.29	○	○	○	○	○	○	○	○	○

Do you think the tool should include a section matching the neglect issues with available supports and services (including multi-agency options):

	1	2	3	4	5	6	7	8	9
How important is this? Round 2: 67% rated as essential. Average rating 7.27	○	○	○	○	○	○	○	○	○

How important do you think it is that the tool includes a section on previous support provided to the family and how effective it has been?

	1	2	3	4	5	6	7	8	9
Section on previous support provided & how effective it has been Round 2: 70% rated as essential. Average rating 7.16	○	○	○	○	○	○	○	○	○

A small majority of you in round 1 agreed the tool should have a section on parents' aspirations and hopes for their children. **How important do you think it is that the tool include parental aspirations and hopes for their children?**

	1	2	3	4	5	6	7	8	9
Inclusion of parental aspirations & hopes for their children Round 2: 68% rated as essential. Average rating 7.02	○	○	○	○	○	○	○	○	○

Section 7: Family's views

The following section will ask you how the tool should best capture family members' views.

Which of the following do you think would be the best option for capturing parent and carers' views (please rate both options):

	1	2	3	4	5	6	7	8	9
Open text box with prompt questions (bullet points suggesting areas to discuss) Round 2: 78% strongly agreed as the best option for capturing parent and carers' views. Average rating 8.67	○	○	○	○	○	○	○	○	○
Set of questions to ask parent/carer Round 2: 57% strongly agreed as the best	○	○	○	○	○	○	○	○	○

option for capturing parent and carers' views. Average rating 7.43

Which of the following do you think would be the best option for capturing children/young people's views (please rate all options):

	1	2	3	4	5	6	7	8	9
Open text box with prompt questions (bullet points suggesting areas to discuss) Round 2: 79% strongly agreed as the best option for capturing children/young people's views. Average rating 8.27	○	○	○	○	○	○	○	○	○
Open text box with prompt questions & option for drawing by the child Round 2: 73% strongly agreed as the best option for capturing children/young people's views. Average rating 8.55	○	○	○	○	○	○	○	○	○
Set of questions to ask the child Round 2: 42% strongly agreed as the best option for capturing children/young people's views. Average rating 6.58	○	○	○	○	○	○	○	○	○

Section 8: Nature of the tool

The following section will ask you questions on how professionals should contribute to the tool to ensure assessments are clear and coordinated. In this section 'overall responsibility' means pulling together the different sections of the tool to create a synthesised (complete) assessment.

You have agreed as a panel that there should be a single assessment form completed by all the professionals working with the family. **How important is it that one 'lead' professional (e.g. social worker) has overall responsibility for the form?**

	1	2	3	4	5	6	7	8	9
One lead professional with overall responsibility for the form Round 2: 78% rated it essential that one 'lead' professional should have overall responsibilty for the form. Average rating 7.37	○	○	○	○	○	○	○	○	○

Regardless of having a lead professional or not, how much of the form do you think each professional should complete (please rate both options):

	1	2	3	4	5	6	7	8	9
The whole form Round 2: 46% strongly agreed this is the best option. Average rating 6.07	○	○	○	○	○	○	○	○	○
Only sections relevant to theme (e.g. a teacher only completes the education	○	○	○	○	○	○	○	○	○

section(s)) Round 2: 59% strongly agreed this is the best option. Average rating 6.55	

Section 9: Guidance for the tool

The following section will ask you what should be included in the guidance for the assessors completing the tool, to ensure assessments are clear, concise and informed.

You have agreed as a panel that the tool should contain hyperlinks to guidance and research. You have also agreed as a panel 5 options where these hyperlinks are needed. **Which of the following remaining options do you think would need hyperlinks (please rate both options):**

	1	2	3	4	5	6	7	8	9
Level of care provided by parents/carers Round 2: 78% rated hyperlink to guidance as essential. Average rating 7.52	○	○	○	○	○	○	○	○	○
Support for the family by multi-agency team Round 2: 73% rated hyperlink to guidance as essential. Average rating 7.24	○	○	○	○	○	○	○	○	○

Every tool needs guidance for assessors so they are completed consistently. **Which of the following descriptions do you think would be the best type of guidance (please rate all options):**

	1	2	3	4	5	6	7	8	9
Very short and simple, focussing on	○	○	○	○	○	○	○	○	○

how to complete the tool. Round 2: 61% strongly agreed this is the best type of guidance for the tool. Average rating 6.63									
Include both how to complete the tool and explanation that the tool draws on best evidence. Round 2: 60% strongly agreed this is the best type of guidance for the tool. Average rating 6.66	○	○	○	○	○	○	○	○	○
Include how to complete the tool, that it is based on best evidence, and an explanation about its focus on how social disadvantages can contribute to neglect. Round 2: 65% strongly agreed this is the best type of guidance for the tool. Average rating 7.14	○	○	○	○	○	○	○	○	○

Section 10: Demographic Questions

How old are you?

- ○ 18-39
- ○ 40-59
- ○ Over 60

Choose one or more ethnic groups that you consider yourself to be:

- [ ] White
- [ ] Other White
- [ ] Mixed/Multiple ethnic group
- [ ] Asian/Asian British
- [ ] Black/African/Caribbean/Black British
- [ ] Other _____

Which of these roles has connected you to the survey?

- ○ Expert by experience
- ○ Academic
- ○ Social Worker
- ○ Manager
- ○ Other professional

What is the highest level of education you have completed or the highest degree you have received?

- ○ GCSEs
- ○ A levels or equivalent
- ○ Some college but no degree
- ○ Undergraduate degree
- ○ Master's degree
- ○ Doctoral degree

Appendix 11

Peer reviewers' feedback and University of Birmingham Research Excellence Framework (REF) grading on journal article 2: A Delphi study to develop items for a new tool for measuring child neglect for use by multi-agency practitioners in the UK

Peer Reviewers' Feedback and University of Birmingham Research Excellence Framework (REF) Grading on Journal Article 2: A Delphi Study to Develop Items for a New Tool for Measuring Child Neglect for Use by Multi-Agency Practitioners in the UK

Section one of appendix 11 comprises the substantive feedback from the two peer reviewers on *Journal Article 2: A Delphi Study to Develop Items for a New Tool for Measuring Child Neglect for Use by Multi-Agency Practitioners in the UK* and my comments in response. Section two of the University of Birmingham's REF grading for the article by the School of Social Policy's Reading Panel, where the article received a 4* grading. The article was published in Social Sciences.

Section one

The comments from the journal's peer reviewers and my responses have been included to demonstrate how the article was improved through both the reviewing process and carefully deliberated responses to, and changes in light of, the reviewers' comments. There were two rounds of comments, but those of round two were minor in nature. This appendix therefore focusses on the comments made by the two reviewers in round one.

One primary theme of the comments was to ensure clarity in the focus and objectives of the article, namely reporting on the Delphi phase of the research project. Another was further development of the theory of change to better identify risk and protective factors. Further, to more clearly define items and elements for the tool. Finally, to ensure a more detailed account of the draft tool's contents and what it measures.

Reviewers' comments

Reviewer A

Comment: Throughout the paper, the objectives of the study are unclear. According to Section 1.3 The Research Project (p.2, lines 71-74), the overarching aim of the paper to develop a new measurement tool for child neglect, using a collaborative approach, relying on a home-made theory of child neglect and the Social Harm model (more specific objectives are not provided). However, the results presented are derived exclusively from the Delphi process, which is the 2nd of three steps to develop the tool (the first being the focus groups and the 3rd being the pilot testing).

Response: *Thank you for this useful observation. We have now amended Section 1.3 – The research project (p.3, lines 116-117) to clearly communicate at its end that this paper reports the Delphi study phase only.*

It now states: This paper reports the Delphi study phase of the project. This was employed to develop items and elements for the draft tool.

We have amended the start of Section 4- Discussion (p.19, lines 398-402) to make clearer that the paper is focussed on the Delphi and its results, which feed into the overarching research project through developing key items and elements for the draft tool.

This now states: The Delphi study reported in this paper has acted as an important stage in this process, building on the findings of the systematic review to develop items and elements for the draft tool. Delphi studies can act as important components of evidence-based approaches in under researched areas, such as child neglect (Lee et al., 2011).

We have also amended Section 4 – Discussion to include how the social harm framework informed the Delphi study.

This now states (p.22, lines 442-44): The adoption of a social harm framework in the project and Delphi study has offered a new approach for understanding child neglect within the contexts of wider society, government policies and organisational practices.

This now states (p.23, lines 447-448): In the Delphi study, panellists were asked to consider the relevance of social harms to the tool and how these could be included in the tool.

In Section 4.1 – Implications for practice (p.23, lines 474-478), it now states: The social harm framework adopted, and enacted in the Delphi study, reminds practitioners that neglect cases are often characterised by difficulties ranging from the familial to the societal level and families facing a range of social harms, notably socioeconomic disadvantage (Bywaters et al., 2022; Lacharite, 2014).

Comment: The methodology and the results make it possible to identify the contours of the tool to be developed, since this seems to have been the purpose of the Delphi

surveys, but certainly not to have a clear and concrete idea of the items that will compose the tool and the construct that will be measured.

Response: *Thank you for this important observation. We have now developed Table 5 to offer a more comprehensive overview of the tool and what it measures. We have moved this table to the end of the Results section to clarify the results of the Delphi study and complement discussion of the results of the Delphi study. It can now be found on page 19.*

We have also stated more clearly the child neglect definition adopted by the tool in the discussion of the results (Section 3.2 – Delphi study, p. 9, lines 352-355), to offer clarity on how the overall construct of neglect is defined in the tool itself.

The addition states: This defines neglect as: 'Neglect is when a child/young person's needs are not met, to a level that results in avoidable harm to their health, development or wellbeing. Neglect may be caused by family difficulties or through families not having enough resources or support to meet their children's needs'.

Reviewer B

Comment: Missing from the Introduction section is a discussion of how definitions of neglect vary across jurisdictions. Different conceptual models of neglect as well as different neglect typologies also exist which have further limited efforts to measure and assess child neglect. Adding a brief description of these issues would help the reader to understand the full range of factors that have undermined progress in the development of neglect assessment tools.

Response: *Thank you for this constructive comment. We agree completely and have added a short section focussed on issues in definitions, typologies and conceptual models to section 1.1 (pp.1-2, lines 42-46).*

This now states: There are a significant range of definitions of child neglect from research, government, and practice (English et al., 2005). Definitions vary between countries and indeed between states and jurisdictions within countries (Horwath, 2013). There are also a range of conceptual models and typologies of child neglect (Horwath, 2007; Sullivan, 2000). These issues create a complex picture for assessment.

Comment: One strength of this manuscript is the inclusion of the child neglect theory of change which served as a framework to guide the project. The inclusion of both risk and protective factors at multiple levels of the child's social ecology (i.e., personal, family, professional, community and societal levels) is well aligned with previous research and with developmental theory. However, it is unclear why the model is called "theory of change" as change does not appear to be a central component of the discussion of child neglect in this manuscript. In addition, one improvement of the model would be to add a "family" risk factors box to Figure 1 to incorporate known risk factors for neglect that operate at the family-level, such as challenges with securing reliable childcare and family social support. Perhaps the current "absence of support and social connections" box could be incorporated into the "parental" box if these associations are specific to the parents. Alternatively, if the proposed conceptual model suggests these factors operate at the family level, then perhaps this content could be added to a family-level box.

Response: *Thank you, this is a point well raised. We have relabelled the boxes as 'Parental and family issues' and 'Parental strengths and positive family functioning' to reflect your suggestions. We have not wanted to significantly change the theory of change as it has been developed from the literature and consultation with stakeholders.*

We have slightly amended its explanation in Section 1.3 – The research project (p.3, lines 97-98). This now states: Developed from a review of the literature on neglect, its key dimensions and drivers, and children's needs, this study's neglect typology and consultation with our advisory group, our child neglect theory of change (see fig 1 below) provides a framework to guide the project.

Comment: Page 9, Line 321-324 – Please clarify the difference between items and elements. Without clarification, it is challenging to map the description of Table 3 in this section onto the actual content in Table 3.

Response: *Thank you for this observation. We have modified their description in the tool to promote greater clarity.*

It now states in Section 2.3.1 – The Delphi rounds (p.6, lines 232-236): The panel rated 45 items (distinct parts for the tool that constitute what the tool assesses and focusses on, for example a scale for neglect severity and the neglect definition used)

and elements (features of the tool's design and look that support it's aims, for example hyperlinks to research and use of 10 point scales) for the tool in round two on 9-point Likert scales.

For clarity we have now repeated this distinction on page 9 (lines 334-338.).

This now states: Table 3 shows the items (distinct parts for the tool that constitute what the tool assesses and focusses on, for example a scale for neglect severity and the neglect definition used) and elements (features of the tool's design and look that support it's aims, for example hyperlinks to research and use of 10 point scales) that reached consensus to be included in the draft tool.

Section two:

School of Social Policy

Output Review Form

Details of output
Haworth et al (2023) Delphi Study to Develop Items for a New Tool for Measuring Child Neglect for Use by Multi-Agency Practitioners in the UK

Overall score (12pt scale)

	Unclass-ified	One star			Two star			Three star			Four star		
Score		1.	2.	3.	4.	5.	6.	7.	8.	9.	10. x	11.	12.
Comments	This is a very strong report of a well conceived and executed Delphi study. In REF terms it scores highly on rigour and is 'solid' in terms of originality and significance.												

Originality

Comments	It states that 'This study represents the first effort in the field of social work to identify and reach expert consensus through a Delphi study on the development of a new child neglect measurement tool.' This is the first exercise of its kind on these themes and therefore can lay claim to some methodological and empirical originality. This is part of a wider project, but assume overlap (similarity) with previous outputs low enough to ensure originality

Significance

Comments	The Delphi study is part of a wider study which is likely to have significant impact, based on the paper's account of the topic's interest and importance (and the relative absence of pre-existing literature). The Delphi component is integral but as a standalone piece possibly less significant than other work-packages. Outputs and impact are primarily routed through the rest of the study. If no 'gold standard' (a little more?), then is this ''family and wider social neglect measurement tool' the new gold standard? If so (more?), then it could be highly significant. Is more needed on ToC? It shows links/ arrows, but not mechanisms (how linked?).

Rigour

Comments	The approach to design and execution is highly rigorous and the panel composition (range and volume) and retention is very impressive. Perhaps a little more needed on justification (c one line) and composition (eg Focus Groups).

Appendix 12:

Survey exploring social workers' views on assessing child neglect in England and Wales

England & Wales Child Neglect Survey

Welcome to our Child Neglect Survey

What this survey is about and your participation
The aim of this survey is to explore how child neglect is currently assessed in social work practice from the perspectives of those in practice. We are keen to hear your views as social workers in the children and families field. The survey should take you less than 10 minutes to complete.

In the survey you will be asked short questions on:
• how confident you are in assessing child neglect
• the impacts of Covid-19 on your assessments
• assessment tool(s) that you use
• whether you think that your assessments are inclusive of wider disadvantages, such as poverty

You can return to earlier questions if you want to change your answer. Your answers will save automatically, so you can complete the survey in more than one sitting. Please note that this survey will be best displayed on a laptop or desktop computer. Some features may be less compatible for use on a mobile device.

Your responses to the survey will be kept confidential. All data will be stored in a secure location and accessed only by the research team during the duration of the study. Please note that once you submit your data, it will not be possible to remove it from the dataset.

Our research project
The survey has been developed and administered by the University of Birmingham in collaboration with BASW and BASW Cymru. The survey forms part of a wider research project into the assessment of child neglect. The Principal Investigator in the study is Paul Montgomery, who is supervising Simon Haworth's PhD as part of the project. To discuss this research please e-mail Simon Haworth: [redacted] If you wish to contact Paul Montgomery, please email [redacted] This research has been approved by a University of Birmingham Ethics Committee.

Thank you for taking part in this survey – your participation is important to our understanding of how child neglect is assessed.

By clicking the button below you acknowledge that your participation in the survey is voluntary, that you are over the age of 18 years old, and a registered children and families

social worker.

- ○ I consent, begin survey
- ○ I do not consent, I do not wish to participate

Please provide your Social Work England/Wales registration number (e.g., SW12345) to confirm that you are a registered social worker (this information will not be held on any database):

☐ _____

The following questions will ask you about your confidence in assessing child neglect and how Covid-19 has impacted your assessments.

1. In the past 12 months, how frequently have you undertaken an assessment of child neglect?

- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Frequently
- ○ Very frequently

2. How confident are you in undertaking assessments of child neglect?

- ○ Not at all confident
- ○ Not very confident
- ○ Somewhat confident
- ○ Quite confident
- ○ Extremely confident

3. How confident are you that your assessments of child neglect are consistently accurate and informed by research evidence?

- ○ Not at all confident
- ○ Not very confident
- ○ Somewhat confident
- ○ Quite confident
- ○ Extremely confident

4. Research suggests that social workers are getting less time with families since the onset of Covid-19. What might help in enabling you to have more time to undertake assessments of neglect with families (please choose as many as apply)?

- [ ] Co-working cases
- [ ] Lower caseload
- [ ] Short and concise assessment forms
- [ ] Less bureaucracy
- [ ] Better organisational support for directly working with families
- [ ] Good multi-agency working and information sharing
- [ ] Something else

_____

5. How has your level of confidence in assessing child neglect changed in light of the impacts of Covid-19 on social work and your practice?

- ○ Significantly deteriorated
- ○ Deteriorated
- ○ No change
- ○ Improved
- ○ Significantly improved

The following questions will ask you about what child neglect assessment tool(s) you use and how useful you find them to be.

6. Which of the following features do you see as vital for a child neglect assessment tool to be useable and most useful in real-world practice. Please rank them in order of importance (simply drag and drop):

- Quick to complete
- Comprehensive & detailed
- Useable across all multi-agency services
- Can be completed with families
- Breaks neglect down into different neglect types (e.g. physical, medical or emotional neglects)
- Assesses how severe the neglect is
- Assesses how longstanding (chronic) the neglect is
- Assesses strengths as well as concerns

7. Do you use a specific child neglect assessment tool regularly in your practice when assessing child neglect?

- ○ Yes
- ○ No

7a. Which of the following tools do you use regularly in your practice?

- ○ Graded Care Profile
- ○ Graded Care Profile 2
- ○ HOME
- ○ Neglect assessment tool developed by your organisation
- ○ Something else

_____

7b. Do you think that the tool you use accurately assesses child neglect?

- ○ Strongly disagree
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Strongly agree

7c. Do you find the child neglect assessment tool you use quick and simple to complete?

- ○ Strongly disagree
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Strongly agree

7d. Does the child neglect assessment tool you use support assessment of factors that can make family life harder, such as poverty, social exclusion or lack of community resources?

- ○ Strongly disagree
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Strongly agree

The following questions will ask you about assessing neglect within its wider social contexts of poverty, homelessness and social isolation.

8. Do you think that your assessments of child neglect are inclusive of the impacts of wider disadvantages, such as poverty, homelessness and social isolation, on family life?

- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Often
- ○ Always

9. Do you think that your assessments of child neglect include the strengths of families and communities as well as the concerns and risks?

- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Often
- ○ Always

Appendix 13

Pilot phase: Focus group topic guide

Focus Group Topic Guide – Piloting Phase

University of Birmingham & Neath Port Talbot

Developing our Child Neglect Measurement Tool

Opening question:

- Please share one sentence with the group about how you have found using the tool.

Main questions:

1. How well do you think the tool assesses child neglect?

2. What would be the ways you think the tool could be improved?'

3. How well do the questions and scales assess the key features of child neglect in practice (including say the physical environment of the home, is it safe and hygienic, is the bathroom clean)?

4. Can you talk about the usability of the tool when you piloted it with families?

5. We have changed the name of the tool following feedback to the *Good Enough Care Assessment Tool*, what do you think of this title for the tool?

Pause for reflection and questions from the group.

6. What are your views on the design of the tool? What improvements can be made?

7. And your views on the contents of the tool? How could the contents be improved?

8. Have you used the hyperlinks in the tool? How could these be improved or made easier for you?

9. What views have the families shared about the tool, whether it is acceptable to them, understandable, and fair and balanced? What have they said about how we can improve the tool?

10. Can you describe any examples where you and families have had different beliefs about neglect and 'good enough parenting'?

As a closing:

- Please name the most important thing discussed today about the tool in no more than 5 words.

Appendix 14

Pilot phase: Good Enough Care Assessment Tool pilot phase survey

Child Neglect - Pilot Phase Survey

Welcome to our Good Enough Care Assessment Tool Pilot Phase Survey

What this survey is about and your participation
The aim of this survey is to explore how you have found using the Good Enough Care Assessment Tool. We are keen to hear your experiences of using the tool and how it works in practice. The survey should take you less than 15 minutes to complete.

In the survey you will be asked short questions on:
• the design of the tool
• how usable the tool is
• how well it assesses child neglect
• how families experienced the tool

You can return to earlier questions if you want to change your answer. Your answers will save automatically, so you can complete the survey in more than one sitting. Please note that this survey will be best displayed on a laptop or desktop computer. Some features may be less compatible for use on a mobile device.

All data will be stored in a secure location and accessed only by the research team. Please note that once you submit your data, it will not be possible to remove it from the dataset.

Thank you for taking part in this survey – your participation is important to our understanding of how the tool works in practice and what modifications may be required. **Please download and refer to the copy of the Good Enough Care Assessment Tool attached here when completing the survey to look at its design, layout and contents:** Good Enough Care Assessment Tool

By clicking the button below, you acknowledge that your participation in the survey is voluntary and that you are over the age of 18 years old.

- ○ I consent, begin survey
- ○ I do not consent, I do not wish to participate

The following questions will ask you for some basic demographic data.

How do you describe yourself?

- ○ Male
- ○ Female
- ○ Non-binary
- ○ Prefer to self-describe
- ○ Prefer not to say

Choose one or more ethnic groups that you consider yourself to be:

- ☐ Asian or Asian British
- ☐ Black, Black British, Caribbean or African
- ☐ Mixed or multiple ethnic groups
- ☐ White
- ☐ Other ethnic group

_____

Which of these roles has connected you to this survey?

- ○ Social worker
- ○ Family support worker
- ○ Health professional
- ○ Education professional
- ○ Housing professional
- ○ Other (please describe)

_____

How long have you been in practice?

- ○ Less than 1 year
- ○ 1-2 years
- ○ 2-3 years
- ○ 3-5 years
- ○ 5+ years
- ○ 10+ years
- ○ 20+ years

The following questions will ask you about the design of the Good Enough Care Assessment Tool. Please choose the score that best reflects your response to each statement in this section.

1. The tool has a user-friendly design (look):

- ○ Strongly disagree
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Strongly agree

1a. What improvements would you suggest for the design (look) of the tool?

_____

_____

_____

_____

_____

2. The tool has a clear layout:

- ○ Strongly disagree
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Strongly agree

2a. What improvements would you suggest for the layout of the tool?

_____

_____

_____

_____

_____

The following questions will ask you about how usable the Good Enough Care Assessment Tool is in practice. Please choose the score that best reflects your response to each statement in this section.

3. How does the tool compare with how you currently undertake assessments of child neglect?

- ○ Much worse
- ○ Worse
- ○ About the same
- ○ Better
- ○ Much better

4. I have found the tool straightforward to complete:

- ○ Strongly disagree
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Strongly agree

5. The hyperlinks to research and guidance in the tool are informative for my assessments:

- ○ Strongly disagree
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Strongly agree

6. Which features of the tool make it easier to use (please choose as many as apply)?

- ☐ The tool’s length
- ☐ The tool’s layout
- ☐ The hyperlinks to research and guidance
- ☐ The tool’s guidance section
- ☐ Something else (please describe)

_____

7. Which features of the tool make it harder to use (please choose as many as apply)?

- [ ] The tool's length
- [ ] The tool's layout
- [ ] The hyperlinks to research and guidance
- [ ] The tool's guidance section
- [ ] Something else (please describe)

_____

8. How can the tool be made easier to use in practice (please choose as many as apply)?

- [ ] Make it shorter
- [ ] A clearer layout
- [ ] Less hyperlinks to research and guidance
- [ ] More hyperlinks to research and guidance
- [ ] Clearer guidance on how to use the tool
- [ ] Something else (please describe)

_____

The following questions will ask you about how well the Good Enough Care Assessment Tool assesses child neglect. Please choose the score that best reflects your response to each statement in this section.

9. The tool supports me to produce an evidence-informed assessment of child neglect:

- ○ Strongly disagree
- ○ Disagree
- ○ Neither agree nor disagree

- ○ Agree
- ○ Strongly agree

10. The tool supports me to undertake an accurate assessment of child neglect:

- ○ Strongly disagree
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Strongly agree

11. The tool supports me to produce a family-focussed assessment of child neglect:

- ○ Strongly disagree
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Strongly agree

12. The tool enables me to produce a balanced assessment of child neglect, inclusive of strengths and concerns:

- ○ Strongly disagree
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Strongly agree

13. Does the tool's neglect typology (section 6 of the tool) cover all types of neglect in your opinion?

The tool breaks down neglect into six types: physical, medical, educational, emotional and social neglects, and lack of supervision and guidance.

- ○ Yes
- ○ No

13a. If you answered no, what additional type of neglect should be included?

_____

14. Are any of the scales in the tool not needed for assessing child neglect?

- ○ Yes
- ○ No

14a. If you answered yes, which scale(s) are not needed (please choose as many as apply)?

- ☐ Current level of care provided for the child/young person
- ☐ How severe the neglect appears
- ☐ How chronic/longstanding the neglect seems to be
- ☐ How severe are the current impacts of the neglect for the child/young person?
- ☐ How severe are the anticipated future impacts for the child/young person?
- ☐ How would you rate the family's capacity to address any neglect concerns with appropriate support and resources?

15. The tool supports me to assess the causes of neglect sufficiently:

- ○ Strongly disagree
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Strongly agree

16. The tool promotes timely and focussed support for families:

- ○ Strongly disagree
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Strongly agree

The following questions will ask you how the families found the Good Enough Care Assessment Tool when you completed it with them. Please choose the score that best reflects your response to each statement in this section.

17. Have the families you have completed the tool with found it easy to understand?

- ○ Strongly disagree
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Strongly agree

18. Have the families you have completed the tool with found the tool fair and balanced about strengths and concerns in their lives?

- ○ Strongly disagree
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Strongly agree

19. Please describe any other feedback families have given you about the tool, when you've used it with them:

_____

_____

_____

_____

_____

20. What improvements to the tool have families suggested to you?

_____

_____

_____

_____

_____

The following questions will ask for your views on what's working well and what's not working well with the Good Enough Care Assessment Tool.

21. What is the best aspect of the tool?

_____

_____

_____

_____

_____

22. What is the worst aspect of the tool?

_____

_____

_____

_____

_____

Appendix 15

Pilot phase: Family feedback form

Family feedback on the Good Enough Care Assessment Tool:

Thank you for taking part in our study to develop a new tool for measuring child neglect that is fair and balanced. We would like your views on our tool.

Your views will be shared with us by the worker completing this form with you. Your child(ren) can share their views too (with your consent). We greatly appreciate your time and views on whether our tool works well for families.

1. Is the tool understandable (does the language in the tool make sense to you)?

2. Is the tool easy to use for you as a family?

3. Is the tool fair and balanced (looking at strengths you have as well as problems you are facing)?

4. Does the tool focus on your needs as a family?

5. How can we make the tool better?