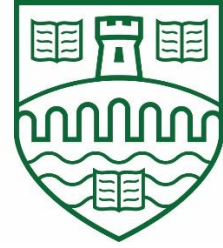


**UNIVERSITY of
STIRLING**



Department of Social Sciences

PhD in Social Work

**‘An exploration of factors influencing professionals
and families understanding and experiences of child
neglect’.**

September 2025

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Supervised by

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Dr Tony Robertson

i. Declaration

I hereby declare that the work presented in this thesis has not been submitted for any other degree or professional qualification, and that it is the result of my own independent work.

Please Tick one of the Following:	
I have not used AI in this assignment.	X
I have used AI in working on this assignment.	

SIGNED:



FRANCES GUNN

DATE: 29.09.2025

ii. Acknowledgments

Much and meaningful gratitude to all the following:

Those who took the time to participate in my study and those who shared data with me for use in my study- your input has been invaluable.

My supervisory team and colleagues- I genuinely couldn't have done it without your support and guidance.

My family and friends- I'm not sure quite how you've put up with me during the course of my PhD studies...

iii. Abstract

This study explores commonalities and differences between families and professionals' understandings of neglect, professional confidence in identifying and working with neglect, utilising contextual data exploring relationships between community factors and the scale and spread of neglect to strengthen the depth of the findings.

Organisational data confirms that child neglect remains a prevalent and pressing issue across Scotland. The scoping review of the literature highlights that both identification and working with neglect continue to be challenging for professionals. However, recent changes to the definition of child neglect within the Scottish national guidance emphasise the relationship between neglect and systemic stresses including poverty, offering an opportunity to deepen holistic understanding of neglect.

Mapping of secondary data confirms local relationships between poverty and neglect, highlighting the importance of context and 'causes of the causes' underlying neglect. To challenge these issues, an ecological systems approach to reducing inequalities at community and structural level is important. Therefore, consistent investment in public health approaches to reduce inequalities and child poverty offering a more equitable foundation for individual intervention to address neglect is advocated.

Questionnaire findings demonstrated that while professionals reported confidence in recognising neglect, they expressed significantly less confidence in decision-making and intervention following identification. Thematic analysis of the questionnaire findings revealed three overarching influences on professional responses environmental, professional, and caregiver factors with poverty emerging as a dominant theme.

IPA interviews with professionals, families, and young people generated a series of experiential themes, including the "revolving door effect," professional anxiety ("Should I open the can of worms?"), feelings of powerlessness, and a shared desire for collaborative sense-making. Families described feeling misunderstood, judged, and disconnected from decision-making processes, particularly when the term *neglect* was used.

The study argues for a reconceptualisation of neglect as a continuum rather than a binary classification, distinguishing between neglect arising from social stresses and neglect involving deliberate parental omission or commission. This continuum approach aligns with the updated Scottish definition of neglect and supports

proportionate, context-sensitive assessment. The findings also demonstrate that the term *neglect* is understood by families as a stigmatising label that undermines therapeutic relationships and inhibits partnership working. The study findings highlight how language shapes perceptions of risk, responsibility, and parental identity, and calls for the adoption of alternative, non-judgemental terminology, particularly in cases where structural factors underpin unmet needs.

Overall, the study findings offer new insights into how professionals and families navigate the complexities of neglect and identifies opportunities for policy and practice reform. Recommendations include adopting a continuum-based model to support assessment of neglect, embedding shared sense-making, strengthening reflective and peer-based support structures, and reframing language to reduce stigma and enhance engagement. These recommendations offer evidence-based opportunities to embed a rights-based, compassionate, equitable, and effective response to child neglect.

iv. Publications associated with this research

- Gunn, F. (2020) Reducing the Impact of Child Neglect: Professional Connections with Families. *SPARK*. Available Online: [Microsoft Word - F Gunn final.docx](#)
- Gunn, F. and Helm, D. (2023) Re-examining child neglect in the changing policy landscape. *IRISS Insight 75*. Available Online: [Re-examining child neglect in the changing policy landscape](#)
- Gunn, F. (2024) We Were the Only Ones Still Seeing Families, We Just had to Be Creative About How! A Reflection on Health Visiting Practice During the COVID-19 Pandemic. In *Care and Coronavirus* (pp. 97-102). Disney, T. and Grimshaw, L. eds. Emerald Publishing Limited. Emerald Publishing Limited.

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1. Chapter One: Introduction

a. Introduction and Key Definitions

My thesis explores child neglect; with a focus on the sense-making process underpinning how this complex and multi-faceted phenomenon is understood by families and professionals, and what areas of commonality or disconnect exist within this. Although my thesis is rooted in the foundations of theoretical understanding of child neglect, it aims to produce findings to support and enable improved outcomes for children and young people who have been subject to neglect, and as such has a strong focus on policy and practice alongside theory.

Within this thesis, the word “child” is used to include infants, children, and young people up to the age of 18 as per the definition within the Children and Young People (Scotland) Act 2014, and the words “family” and “caregiver” are used interchangeably to include parents, legal guardians and others who provide care for children who live with them. The phrases “child neglect” and “neglect” are used interchangeably throughout the thesis. Although some of the data collected within this study relates to experiences in caring for, or working with unborn babies, it is outwith the scope of this thesis to explore neglect prior to birth in depth.

b. Researcher Positionality

My dual professional and academic backgrounds shaped the design, data collection, and interpretation of this study. I hold the privileged but challenging position of being an insider researcher currently working in practice. My drivers and motivation for undertaking PhD studies were to contribute to the evidence base that informs and underpins policy and guidance. The aim of my research, and this thesis, is to contribute to strengthening policy and guidance to support practitioners to work as effectively as possible to empower families to make and sustain tangible changes which will improve outcomes and life chances for their children. My aims and aspirations, therefore, align strongly with the Getting It Right For Every Child (GIRFEC) framework, and as this underpins work with children and families throughout Scotland, the recommendations for policy and practice synthesised from the findings are structured and designed to fit with the refreshed GIRFEC materials (Scottish Government 2022). In Chapter three, I revisit positionality in more depth.

c. National context, policy and research

The Scottish definition of child neglect was refreshed and updated with the publication of the updated National Guidance for Child Protection in 2021 (updated 2023) (Scottish Government 2021). When I started my PhD journey, child neglect was defined in the 2014 National Guidance for Child Protection as ‘...the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development’ (Scottish Government 2014 p 12). Although the initial descriptive wording of the definition of child neglect remained unaltered with the implementation of the refreshed National Guidance for Child Protection in 2021, the definition has been updated and developed in recognition that “neglect can arise in the context of systemic stresses such as poverty and is an indicator of both support and protection needs” (Scottish Government 2021 p 13). This expanded definition acknowledges the existing and evolving body of research on both the presentation and impact of child neglect and provides professionals working to address these impacts of neglect a new and updated contextual perspective through which to focus their work.

As highlighted, the description of child neglect within Scotland’s national definition has remained unchanged since 2014, which indicates that an accepted position on the description of the presentations of child neglect remains uncontested within the literature. Daniel et al. (2011 p 11) summarise the lived experience of child neglect as being ‘simultaneously simple and complex’, and Daniel (2015) further notes that if considered through the eyes of life of a child, neglect is, in simple terms, the lived experience of having your needs not met consistently. Mirroring Daniel’s position, more contemporaneous research outlines child neglect as an adverse childhood experience (ACE) (Bellis et al. 2015). The Programme for Government 2018-2019: Delivering for today, Investing for tomorrow (Scottish Government 2018) included a commitment to drive forward a programme of action to tackle ACEs and address child neglect in Scotland. Despite the recent focus on ACE research driving policy, some emerging research has begun to offer critique of both the validity of some methodologies exploring ACEs and findings, and the extent to which the findings influence policy development (Edwards et al. 2017, Spratt et al. 2019).

At both governmental and local health and social care partnership (HSCP) level, tackling neglect appears to be increasing as a priority area. However, the literature between the 1980s and 2000s indicated a ‘neglect of neglect’ in academia (Wolock and Horowitz 1984; McSherry 2007) leading to the situation where despite neglect

likely being common in practice, it was not a research priority and was not therefore considered as a priority in policy development. Prominent studies in Scotland (Daniel et al., 2010; 2014; Burgess et al., 2013; Daniel, 2015; Scott & Daniel, 2018), alongside the prioritisation of neglect in the Child Protection Improvement Programme (Scottish Government, 2016), have played a pivotal role in shaping policy and guiding professional practice. The literature review in chapter three will highlight some literature and research exploring how professionals view neglect in a hierarchy of child abuse and neglect and how this has potential to impact on thresholds in practice. The overall perspective from the body of research suggests that neglect continues to be viewed by professionals as less significant than other forms of maltreatment (Allnock 2016, Stokes and Taylor 2016). This is despite consistent and growing evidence to the contrary, including examples from practice which confirm the potential for neglect to result in significant harm or death. Neglect features prominently in Significant Case Reviews (SCRs) and Learning Reviews (LRs), highlighting its persistent impact in Scotland. To extrapolate and analyse learning from SCRs, The Care Inspectorate published key themes and learning from triennial retrospective analyses of SCRs. Two recent Triennial Reviews of Initial Case Reviews (ICRs) and Significant Case Reviews (SCRs) in Scotland (Care Inspectorate, 2019; 2022) highlighted the persistent prevalence of neglect. Between 2018 and 2021, neglect was identified as a contributing factor in 18 of the 32 SCRs, while from 2015 to 2018, 13 of the 25 SCRs cited neglect as a cause of harm. These findings indicate that, since 2015, neglect has consistently represented the most common non-fatal form of familial harm recorded in SCRs. This enduring trend underscores the ongoing challenges neglect poses for practitioners across Scotland. Analysis of these cases by the Care Inspectorate between 2019 and 2022 highlighted that in some cases, children and young people had been subject to neglect for lengthy periods despite multi-agency working attempting to improve outcomes. This mirrors the findings of the previous report (Vincent and Petch, 2017) which also noted cases of persistent chronic neglect despite service involvement. The evidence highlights that neglect often co-exists with other categories of abuse and when present, can increase vulnerability and risk (Flood and Holmes, 2016).

The review of child neglect in Scotland by Daniel et al. (2012) is a seminal piece of research designed to answer the following three questions from a Scottish perspective: How many children are currently experiencing neglect in Scotland? (Daniel et al. 2012 p15) How good are we (professionals) at recognising children who are at risk of, or are experiencing, neglect? (Daniel et al. 2012 p24) And how well are we (professionals)

helping children at risk of, or currently experiencing neglect? (Daniel et al. 2012 p31). The findings showed that as of July 31st, 2011, neglect was the most common area of concern attributed to children's names being placed on the Child Protection (CP) register in Scotland, with estimates suggesting 0.12% of children aged 0-15 living in Scotland were identified as at risk of harm due to neglect which equated to 1,098 CP registrations with neglect noted as an area of concern. The study highlighted some areas of differences in professional thresholds for identifying and intervening in child neglect but highlighted the benefits of the GIRFEC framework in providing multi-agency terminology and definition of neglect. Although these findings provided underpinning evidence to much of Scotland's current policy and guidance around working with child neglect, they are now more than a decade old and the social, economic, cultural and political landscape of Scotland has changed significantly since publication, particularly with the implementation of the Children and Young People (Scotland) Act 2014 and the introduction of the Public Bodies (Joint Working)(Scotland) Act 2014 resulting in health and social care integration and the formation of Health and Social Care Partnerships (HSCP). My study provides up to date primary research findings which can be used to ensure that the evidence base underpinning policy and guidance around child neglect is contemporaneous and current.

d. Local context and policy

The statistical data highlighting the prevalence of neglect highlighted in 2012 by Daniel et al. continues to be mirrored in current statistical data. In the 12 months 01/04/2023 - 31/03/2024, The Scottish Children's Reporter Administration (SCRA) received 4,053 referrals relating to 3,015 children under grounds of a 'lack of parental care' (s67 (2)(a) Children's Hearings (Scotland) Act (2011)). Although the number of referrals to SCRA under S67 (2) (j) 'offence' grounds was higher at 7,724, these referrals related to a lower number of children at 2,733. Therefore, a greater number of children are at risk due to a lack of parental care. Although lack of parental care does not equate to a precise definition of child neglect, these statistics are indicative of the scale across Scotland of children who may be subject to neglect. While it cannot be quantified using the current data capture categories, the likelihood that manifestations of neglect including supervisory neglect may influence a portion of the offences highlighted within the data is also acknowledged.

This trend is echoed in the Scottish Government statistics on CP registration: in the 12 months 01/08/2022 - 31/07/2023, 1,288 children whose names were placed on the CP register in Scotland had neglect identified as an area of concern, making it second only

to exposure to domestic abuse. Across Scotland, approximately 40% of initial child protection planning meetings held during 01/08/2022 - 31/07/2023 identified neglect as an area of concern, which appears broadly consistent with previous years' figures. However, the trend in numbers of children whose names are placed on the CP register with neglect as an area of concern has showed a slight, consistent decrease from 1,610 in 2019 (Scottish Government, 2024).

While it is not within the scope of my thesis to explore the impact of child neglect, Daniel's (2015) reflections on a child's experience of neglect including being hungry or left unsupervised repeatedly or for prolonged periods; signs of distress or unhappiness going unnoticed or disregarded; lacking input to support or encourage attendance at school or health appointments remain an uncontested overview of the lived experiences of children subject to neglect. The growing body of research literature in this area supports a development of the evidence-base providing depth of knowledge relating to the effects and impacts of child neglect throughout the life course, highlighting that because of both the chronic and cumulative nature of neglect, the trajectory of social, emotional, and physical development can be disrupted by experience of neglect. This has potential to result in short-term consequences like poor dental, physical and mental health, and longer-term consequences including reduced educational attainment with associated lower earning potential, disordered attachment with potential to impact self-esteem and future blueprint and understanding of healthy relationships, thereby confirming it as one of the most damaging forms of maltreatment (Blaisdell et al. 2019; Chandan 2019; Kumari 2020).

These statistics highlight that neglect continues to be a pressing concern both nationally and locally. As the literature review in chapter three highlights, neglect continues to be considered a challenging area of practice for professionals working with children and families.

e. Study design

Given the complexity of child neglect, it was important to me from the outset that the design of my PhD acknowledged and reflected this complexity, while avoiding trying to only understand a small or isolated aspect of child neglect. I felt it was essential in this project, and any project exploring neglect, to recognise that neglect is both complicated and multifaceted for practitioners, and to acknowledge the important relationships between families' living and social circumstances and neglect. I was therefore

motivated to design a study that fully considered these factors holistically, rather than imposing artificial distinctions within research not reflected in real-world practice.

Chapter three outlines the methodology and methods used in detail, but to set the scene for my study, a brief overview is outlined. This study is a multi-methods design with Interpretive Phenomenological Analysis (IPA) at the centre, with the secondary data providing both geographical sampling boundaries and context and depth to the analysis of the IPA data. The key reasons for designing the multi methods study are the concepts of complementarity and context (Agerfalk 2013).

Phase one of the research gathered data about levels and geographical spread of child neglect within one NHS health board area (Ayrshire & Arran) and identified social and demographic factors which may influence this.

Phase two collected opinion and information which identified commonality and/or differences around what neglect means and how it presents, from both a variety of professionals who have a role in identifying child neglect and parents and carers and young people who are affected by child neglect.

Analysis of the findings from both phases aimed to result in a robust understanding of both the scale and spread of child neglect within the sample area of Ayrshire & Arran. Additionally, the study aimed to develop an understanding of professional and family opinions of child neglect and how it presents, and what influences these perceptions with a view to the data and analysis being able to inform policy and practice at both a local and national level.

f. Aims and objectives

The study was developed to address three aims:

First, to explore professional confidence in identifying and working with neglect. Secondly, to identify and explore relationships between community factors and the scale and spread of neglect and thirdly, to identify the commonalities and differences between families' and professionals' understandings of neglect.

To achieve these aims, the following objectives were developed:

- To identify levels of confidence self-reported by professionals across health, education, and social work in recognising neglect

- To collate and analyse quantitative data from health, education, social work, and SCRA to identify the geographical patterning of the scale and spread of neglect across Ayrshire & Arran.
- To comprehensively profile communities in Ayrshire & Arran where levels of identified neglect are high, including the factors which may influence child neglect
- To identify the factors that improve and limit carers and young people's understanding of neglect
- To identify the perspectives and experiences of child neglect from professionals working within Health and Social Care Partnerships.
- To identify commonality or disconnect between professional and families' understandings of child neglect
- To analyse and synthesise the quantitative and qualitative findings to provide a deeper understanding of the scale of child neglect within Ayrshire & Arran, what community and social factors impact on this and how well interventions to address neglect are working in improving outcomes for children and young people.
- To synthesise the findings with policy-relevant recommendations to improve policy and practice locally and nationally.

The combination of the research aims, and subsequent objectives led to development of the following overarching research question covered across the thesis, and three sub-questions linked to specific data chapters:

Research question:

RQ1. How are professionals and families' experiences and understanding of child neglect constructed?

Sub research questions:

- ***RQ2. What levels of confidence do professionals report in identifying and working with child neglect? How does this impact on children who are subject to neglect? (Chapter four)***

- ***RQ3. What relationships can be found between community factors and the scale and spread of child neglect in areas of Ayrshire & Arran where levels of child neglect are high? (Chapter two)***
- ***RQ4. Are there commonalities and/or differences between how families and professionals understand child neglect? (Chapter six)***

The perspective held in academia between the 1980s and 2000s, was that there was accepted to be a 'neglect of neglect' (Wolock and Horowitz 1984; McSherry 2007). However, more recently while there is increased focus on neglect within research, policy, and practice there is limited research that converges and analyses community factors and lived experiences of working with child neglect which is the gap which my study aims to fill.

The UK Quality Code for Higher Education suggests that the ultimate marker of quality within a PhD is the original contribution it delivers (QAA 2024). Within the University of Stirling Code of Practice: Research Students, a PhD can only be awarded where the research student has 'satisfactorily completed a programme of study which includes the critical investigation or evaluation of an approved topic(s) and has demonstrated an understanding of research methods appropriate to the chosen field resulting in an independent and original contribution to knowledge and has presented and defended a thesis' (University of Stirling 2024 n.p.). Therefore, although as noted my driver for undertaking PhD study was to improve practice, the theoretical foundation of this will arise from the new knowledge created from my study.

Tesch et al. (2015) suggested that the concept of originality within doctoral theses was poorly defined and led to some mismatch in expectations of doctoral research students and examiners. Gill and Dolan (2015) suggest that a common pitfall PhD candidates encounter is simply outlining why they believe their work to be original, rather than critically evidencing how and in what way their research makes a meaningful contribution to the body of knowledge relevant to the field of study. Being mindful of these factors I aim to clearly highlight and critically explore within my conclusion chapter, my original contribution to each of policy, practice and research and the potential impact of my contribution to each.

The revised definition of child neglect within the National Guidance for Child Protection has provided an important foundation for the value of the original knowledge synthesised within my study by the acknowledgement that neglect 'can arise in the

context of systemic stresses such as poverty and is an indicator of both support and protection needs' (Scottish Government 2021 p 13). My study design was based around my initial hypothesis derived from my own experience of working with neglect in practice as a community midwife and health visitor, that neglect was heavily influenced by what I describe as community factors and structural factors. These factors mirror closely what Scottish Government refer to as systemic stresses, and they give poverty as an example of a social stress.

My study design was developed and implemented prior to the change in the definition of neglect and timeously aims to offer new knowledge to support understanding of the relationship between community factors/social stresses and child neglect. It explores how these impact on understanding of child neglect and how the joint working between families and professionals to address and mitigate the impact of child neglect is influenced by these factors.

g. Thesis Layout and structure

My thesis is structured using the following chapter layout:

Abstract

Chapter One: Introduction

Chapter Two: Relationships between community factors and the scale and spread of child neglect. Findings and discussion relevant to RQ3.

Chapter Three: Literature Review

Chapter Four: Methodology and methods

Chapter Five: Professional confidence in identifying neglect. Findings and discussion relevant to RQ2.

Chapter Six: Commonalities and/or differences in how families and professionals understand child neglect. Findings and discussion relevant to RQ4

Chapter Seven: Integrated findings and synthesised conclusions.

Chapters, five and six are structured to address each of the three sub research questions in turn, supported by the contextual data and analysis within chapter two, as

this allows each sub question to be answered fully and comprehensively in turn noting the variety of methods utilised across the study design.

Chapter seven is the point of integration of findings, and where analysis and findings are brought together and synthesised, offering a summary and highlight of key themes and findings from my study. Wellington (2020) highlights that PhD findings should address all three key areas of policy, practice, and research therefore this chapter is structured to ensure that each of these are clearly considered.

2. Chapter Two: Contextual exploration of the relationships between community factors and the scale and spread of child neglect. Findings and discussion to support RQ3.

a. Introduction

Molesworth and Atherton (2024) suggest that the sociological concept of community is so complex that it has in fact been difficult to define what a community is, and subsequently, how best to carry out research within communities. In the context of social work, a broad definition of community acknowledges the role of geographical boundaries, collective relationships and shared interests (Netting et al. 2017). When considered through a nursing lens, the concept of community has a clear focus on geography, where community tends to refer to care delivery close to home, out with a hospital setting (Senek et al. 2023). When considering definitions of community in the context of working with children and families spanning both health and social care, policy in Scotland is driven by the GIRFEC framework and the National Practice Model (NPM). One key aspect of the NPM is the My World Triangle (MWT) (Aldgate and Rose 2008). The MWT is rooted in the ecological systems theory developed by Bronfenbrenner (2000). Aldgate & Rose (2008 p 4) emphasise that the ecological approach underpinning the NPM is “well-grounded in child development theory about the interactions and transactions that take place within and between different parts of a child’s world”. This approach embeds within practice the concept that holistic assessment and support of children and families must consider and explore a breadth of factors that shape and influence life, including the community in which the family lives. This emphasis on holistic assessment considers and explores all levels of factors noted within the ecological systems theory (Bronfenbrenner 1992) which have the potential to impact on the care that children and young people receive. This extends beyond the microsystem on which assessment is usually focussed and was a key driver for selection of the pragmatic paradigm and multi methods study design here. As noted in chapter four, the secondary data analysis and subsequent community profiling aimed to bring context and complementarity to the depth of the analysis, and subsequent conclusions to ascertain if relationships between community factors and the scale and spread of child neglect are present.

This chapter will contribute to answering the following research question:

- vii. *RQ3. What relationships can be found between community factors and the scale and spread of child neglect in areas of Ayrshire & Arran where levels of child neglect are high?***

b. Recap of methods used

Secondary data mapping was utilised to identify the scale and spread of child neglect across Ayrshire & Arran. The data sets highlighted in Table one details secondary data sets which were received, and notes those received timeously and in complete format, therefore justifying their use within a data mapping exercise as they comprise robust data from a breadth of sources. The data mapping shown in Figures eight and nine provide a visual representation of the scale and spread of neglect with reference to the SIMD deciles boundaries. From this data mapping, six communities were selected for community profiling.

c. Findings

i. Data Mapping

The three complete secondary data sets noted in Table one below were mapped using the postcode data against a map of Scottish Indices of Multiple Deprivation (SIMD) to provide what Gatto (2015) describe as a geographic visualisation of the scale and spread of child neglect within Ayrshire & Arran. The use of data visualisation via the mapping exercise facilitated the selection of six areas of high neglect for community profiling. Two were selected from each local authority area, and the profile of the areas chosen aimed to be broadly reflective of the demographic profile of Scotland, to enable consideration and extrapolation of findings across Scotland.

Table1: Data sets requested

Data Set	Received in full	Used in data mapping
Child Protection registrations in East Ayrshire 24-month period from 01/01/2019-31/12/2020	Yes	Yes
Child Protection registrations in North Ayrshire 24-month period from 01/01/2019-31/12/2020	Yes	Yes
Child Protection registrations in South Ayrshire 24-month period from 01/01/2019-31/12/2020	Yes	Yes
Data from the Scottish Children's Reporter Administration (SCRA) on referrals received in East Ayrshire under ground A for the 24-month period from 01/01/2019-31/12/2020	Yes	Yes
Data from the Scottish Children's Reporter Administration (SCRA) on referrals received in North Ayrshire under ground A for the 24-month period from 01/01/2019-31/12/2020	Yes	Yes
Data from the Scottish Children's Reporter Administration (SCRA) on referrals received in South Ayrshire under ground A for the 24-month period from 01/01/2019-31/12/2020	Yes	Yes
Data from the named person services in East, South and North Ayrshire on the number of requests for assistance made during the 24 period from 01.01.2019-31/12/2020 for categories related to neglect including support with poor attendance at health appointments, poor attendance at nursery, lack of boundaries, poor parenting and lack of stimulation and lack of nurture.	No Comprehensive data received from North Ayrshire, but South and East Ayrshire could not collate this information.	No
Data from East, South and North Ayrshire children and families social work departments around referrals received for concerns related to neglect, lack of parental care, poor school attendance, or non-engagement for the 24-month period from 01/01/2019-31/12/2020.	No Comprehensive data received from North Ayrshire. South Ayrshire shared a data set, but this had a gap of three months within due to a change in system. East Ayrshire shared a data set, but referrals under their system were not clearly categorised as neglect, and data was collected and shared by the Child Protection Committee Lead Officer, so may be subjective as the researcher cannot be clear why the data was chosen for inclusion.	No

The data mapping provides a visual representation of the scale and spread of neglect with reference to the SIMD deciles boundaries as seen in Figures one and two and described below.

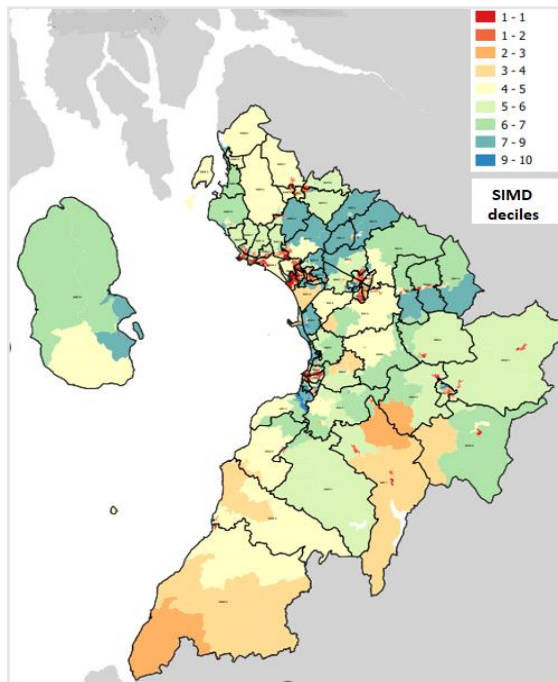


Figure 1: Map outlining SIMD deciles

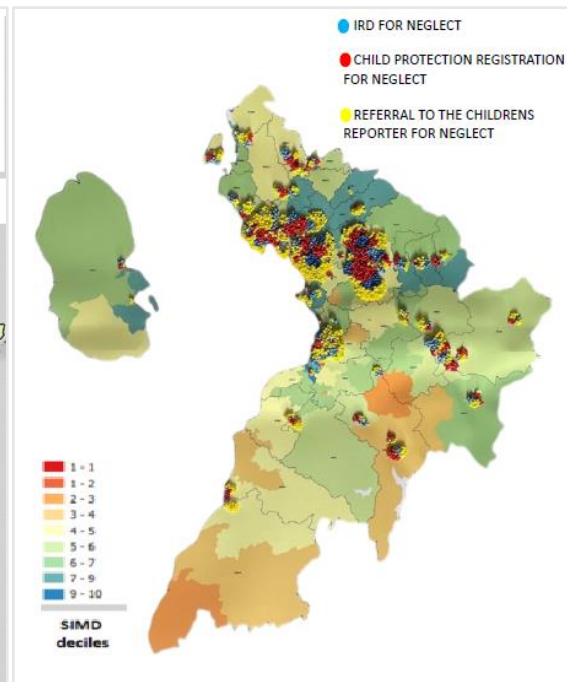


Figure 2: Map of neglect related activity

The data mapping was carried out by hand, using a specially printed A0 size map (see images in Figures one and two) of Ayrshire & Arran showing the SIMD deciles. A map showing breakdown of Postcode sectors within Ayrshire and Arran was superimposed on the map, and a micro headed pin was entered in the corresponding postcode sector zone for each referral within the data sets. Three separate colours were selected as shown in Figure two: red to indicate child protection registrations, yellow to indicate referrals to SCRA and blue to indicate IRD. As the data was drawn from three different sources, the possibility for some overlap of data is acknowledged. Senn (2009) highlights the need for transparency within data analysis and high levels of transparency are embedded throughout the results and findings of the study. To ensure the study findings are robust the following processes are utilised within the data analysis to reduce the likelihood of any double counting or overlap of data.

When considering the data from the child protection register and SCRA, when analysing data and synthesising conclusions around scale and spread of neglect, it is noted that as the Scottish Government data analysis shows (Scottish Government 2020), there is potential for children to appear within anonymised data on both the CP register and referrals to SCRA. The most recent statistics suggest that 3.9% of children

who are looked after within Scotland are also on the CP register. This overlap is acknowledged and considered during data analysis. To avoid data overlap relating to IRD data, it is recognised that no child can be placed on the child protection register without having an IRD completed, so again this is acknowledged during analysis.

The secondary data analysis and data mapping are not intended to give a numerical or absolute analysis of numbers of children subject to neglect, rather they are intended to identify areas where evidenced cases of neglect are elevated so that community factors within these areas can be considered and relationships between these community factors and their subsequent impact on child neglect can begin to be explored

ii. Community profiling

As noted above, six community areas from across Ayrshire & Arran were chosen for community profiling as the visual mapping identified that these communities were clusters with high identified instances of child neglect.

These communities are:

1. North Ayrshire: Irvine, Broomlands. Postcode Zone KA11 1
2. North Ayrshire: Saltcoats Central. Postcode Zone Ka21 5
3. East Ayrshire: Auchinleck. Postcode Zone Ka18 2
4. East Ayrshire: Kilmarnock, Altonhill South, Longpark & Hillhead. Postcode Zone Ka3 2
5. South Ayrshire: Girvan, Glendoune. Postcode Zone KA26 0
6. South Ayrshire: Ayr, Lochside, Braehead & Whitletts. Postcode Zone KA8 9

The community profiles were carried out predominantly through analysis of secondary data with the following information compiled for each selected community zone:

- Population
- Ethnic makeup of population
- Types of housing within the area (local authority, housing association, privately let and privately owned)
- Schools and Early Childhood Centres within the area including destinations for school leavers (i.e. further education or employment)
- Overview of the number and type of shops within the area
- Mobile phone reception and availability of internet access
- Community facilities including community centres, libraries
- Foodbanks (if any within the area)
- Access to health care (GPs, pharmacy's, satellite clinics, dentists)
- Primary one child healthy weight data and primary one and primary seven dental information
- Breastfeeding rates at 6-8 weeks post birth
- Maternal Obesity
- Public transport links within the area and cost to closest town centre
- Crime rates

These factors were selected for exploration as either local public health priorities to allow for comparison of any potential relationship between local and national figures and scale of child neglect noted, or factors which have potential to impact on parent/caregivers' ability to meet children's needs. This is relevant understanding child neglect as in some instances 'parents who...have very limited parenting skills are often attempting to meet the needs of their child in a context that even the most competent parents would find challenging' (Horwath 2007 p 38). Gaining an understanding of this 'context' will allow reflection and development of understanding about how differing constructions of neglect between families and professionals may impact practice outcomes.

For each of the community areas identified, secondary data relating to postcode and SIMD data zones were collated and compared to the Scottish average to give local

indications of factors including health, income and crime which have potential to impact on the likelihood of child neglect.

Table2 : Health data for each of the selected communities, and the Scottish average

Indicator	Girvan Glendoune	Ayr	Saltcoats Central	Irvine	Auchinleck	Kilmarnock	Scottish Average
Pregnant women recorded as obese (BMI ≥ 30)	34.48%	31.54%	38.2%	32.91%	28.32%	35.8%	25.27%
Babies exclusively breastfed at 6–8 weeks	18.84%	10.92%	14.9%	15.07%	16.5%	18.87%	31.82%
Primary 1 children with healthy BMI (5–95% range)	71.43%	73.21%	<i>Data Not Available</i>	70%	68.75%	65.38%	76.34%
Primary 1 children receiving dental letter 'C'	69.57%	65.31%	46.15%	27.27%	46.51%	64.52%	72.42%
Primary 7 children receiving dental letter 'C'	69.23%	65.96%	86.67%	72.73%	70.73%	58.97%	74.96%
Alcohol misuse inpatient/day case rate (per 100,000)	1072.47	1232.59	2363.33	1324.19	1682.12	898.79	680.89

Examples of the completed community profiles are shown in the appendices, and key data is tabulated below in Table two. Key trends are identified and discussed in detail within the forthcoming discussion section.

Table two summarises key health data for each of the six selected communities where levels of neglect are high and notes the Scottish average for each. As will be explored in the discussion below, the data shows clear relationships between community, health and elevated levels of neglect.

Table3: Data on the percentage of children and young people living in SIMD 1 zones for each of the selected communities and the Scottish average

Indicator	Girvan Glendoune	Ayr	Saltcoats Central	Irvine	Auchinleck	Kilmarnock	Scottish Average
% of young people aged 0-25 living in the most income deprived quintile (2020)	53.2	80.8	100	78.5	76.1	67.2	19.9

Table three shows that all six selected communities have significantly higher numbers of children and young people under the age of 25 living in the most deprived quintile. This demonstrates a clear relationship between poverty and the scale and spread of neglect which will be explored in more detail within the discussion below.

Table 4: Crime rates for each of the selected communities and the Scottish average

Indicator	Girvan Glendoune	Ayr	Saltcoats Central	Irvine	Auchinleck	Kilmarnock	Scottish Average
Crime rates (per1000 population)	34.14	80.78	26.24	28.69	46.92	57.77	28.82

Note: Crime rates based on SIMD crimes of violence, sexual offences, domestic housebreaking, vandalism, drug offences, and common assault) and crude rate per 1,000 population calculated using 2011-base population estimates for all ages

Table four shows that two of the selected communities where neglect is high (Saltcoats Central and Irvine), have lower rates of crime than the Scottish average. Both these communities are situated in North Ayrshire, whereas the remaining four community areas have higher rates of crime than the Scottish average. This may be a result of local policing priority actions.

d. Discussion

i. Community profiling

Hawtin and Percy-Smith (2007 p 7) define a community profile as ‘a comprehensive description of the needs of a population who are defined as a community, and the resources that exist within that community’. Mulcahy and Downey (2021) emphasise that community profiling should have clear outcomes and objectives outlining how the community profile aims to improve outcomes for community members. Within public health and community health settings, community profiles are often used to underpin and support health needs assessments (Jack and Holt 2008). Within health visiting, the search for health needs is outlined in the Standards of Proficiency for Specialist Community Public Health Nurses as a key domain of practice (NMC 2022). Considering population health is strongly linked with reducing inequality and therefore should be a consideration for all agencies engaged in work with children and families. Indeed, as highlighted, within the GIRFEC National Practice Model, the My World Triangle is based around Bronfenbrenner’s ecological systems theory (1979), which emphasises the impact of social and community factors on individuals and family’s health and wellbeing.

As child neglect is accepted to be more heavily influenced by social stresses and external factors than other types of abuse and maltreatment, a contextual understanding of community factors which have potential to influence either the occurrence or impact of child neglect, was integral to the study design, and developed within the study methods to provide what Greene (2007) describes as contextual understanding to the qualitative findings from the semi-structured interviews carried out within the study.

As noted in chapter four, the aim of conducting the community profiles was to compile demographic and socioeconomic data which, using an ecological framework type lens,

can be used to support developing understanding of the impact of these on how understanding of child neglect is constructed by families and professionals. For professionals specifically, the impact of these factors on how neglect is identified and how families are supported to improve outcomes will provide some reflection on the impact of such professional intervention in terms of empowering and enabling families to make and sustain behaviour change. The overarching purpose of carrying out the community profiling as part of data collection and analysis, is to explore factors within community areas which have the potential to impact on the care received by children and young people living within those selected communities which would fit with the definition of child neglect. To structure the community profiles, the Community Profile Health Needs Assessment template devised by Mulcahy and Downey (2021) was adapted for use. This template was chosen as it provides a clear and consistent format to share information on differing community areas to aid analysis and understanding. The adaptations were required to ensure that the forms captured all the factors noted above which were included within the research protocol.

The factors bullet pointed above were selected for exploration as either local public health priorities to allow for comparison of any potential relationship between local and national figures and scale of child neglect noted, or factors which have potential to impact on parent/caregivers' ability to meet children's needs. This is relevant understanding child neglect as in some instances 'parents who...have very limited parenting skills are often attempting to meet the needs of their child in a context that even the most competent parents would find challenging' (Horwath 2007 p 38). Gaining an understanding of this 'context' will allow reflection and development of understanding about how differing constructions of neglect between families and professionals may impact practice outcomes.

ii. Key trend 1: Poverty

As can be seen in Figure two, all six communities chosen for profiling due to their high levels of child neglect are predominantly located in SIMD deciles one and two thereby highlighting a relationship between deprivation and increased likelihood of child neglect. This echoes the findings by Bywaters et al. (2016) where they provided evidence establishing that 'poverty is a contributory causal factor in child abuse and neglect' (Bywaters et al. 2016a p 33) and in their updated review in 2022, they (2022 p7) confirm that 'family poverty and inequality are key drivers of harm to children'

evidencing that poverty and lack of access to money make it harder to consistently meet a child's needs even when secure attachment and subsequent motivation are present. Viola et al. (2016) offer a global perspective in which they suggest that not only is there a causal relationship between poverty and neglect, but they also found that contextual living environments influence the expectations of care and what constitutes good care. Although my data mapping was undertaken using data from 2019/2020, given the post-pandemic landscape, and cost of living crisis, it is acknowledged that the number of families and communities impacted by financial issues continues to increase sharply (Birt et al. 2023). In Scotland, most organisations working with families have invested in income maximisation services, which aim to address material hardship and deprivation. However, these workstreams are not sufficient to bring about the systemic changes needed to address the deeper and more complex effects of poverty on parents' ability to support their children. Therefore, Birt et al. (2023) recommend a series of structural actions that both the UK and Scottish Governments should consider to address poverty. All the evidence outlined above in relation to poverty has clearly identified that this is a systemic issue, which therefore makes it incredibly difficult for professionals to influence on an individual basis. However, poverty significantly affects how effectively families and caregivers are able to respond to their children's needs. This emphasises the importance of addressing structural inequalities through structural and community-level initiatives, rather than focusing solely on parenting, which is itself shaped by these broader social disparities. The PAPCP developed by Saar-Heiman and Gupta and above, challenges the narrative that harm is deemed to be caused by actions or inactions of caregivers, and attempts to shift the focus to addressing inequality. A focus on addressing inequalities at both community and structural levels, fits well with a realistic approach to working with neglect based on lived circumstances, rather than professional aspiration i.e. as structural inequalities are shown to underpin child neglect, they also need to be the focus of intervention.

Aside from the practical limitations imposed by poverty, poverty and deprivation further impact and limit parental choices by shaping the psychological, social, and cultural factors that influence their parenting, and the way they understand the context in which they live and parent. Bramley et al. (2019) emphasise the need for a whole systems approach, which is echoed by Public Health Scotland who define such an approach as one with a focus on strengthening understanding of public health challenges and seeking solutions at structural level rather than intervention on an individual level which is a key finding of my study. Bramley et al. (2019) also offer valuable insight into how

living in areas marked by significant deprivation and multiple disadvantages can influence perceptions and experiences of child neglect. They propose that a community-level influence exists, suggesting that local norms and expectations help shape what is considered acceptable care and need. This implies that the environment we live in plays a role in defining caregiving standards. Additionally, the research points to a selection effect, where families facing hardship or low income are more likely to be placed in deprived neighbourhoods due to housing policies. The authors also discuss the role of social support in mitigating stress before it escalates into depression. However, they note that such support tends to be less effective in economically disadvantaged communities. One possible explanation is that residents in these areas often face similar levels of stress and adversity, reinforcing the idea that these challenges are collective rather than individual, and should be addressed through community-level interventions (Bramley et al. 2019). As summarised above and highlighted on the map in Figure two, all six communities selected for community profiling have significantly higher percentages of population classified as income deprived within SIMD income domain, using the 2011 base population estimates which provides local evidence to substantiate the UK based findings within the body of research.

Data from the End Child Poverty Coalition (2019) estimated that in 2019, after housing costs 27% of children and young people living in North Ayrshire, are impacted by poverty which is one of the second highest levels in Scotland. Figures within East Ayrshire are broadly similar at 26% and slightly lower in South Ayrshire at 23%. All are higher than the mean level of child poverty after housing costs per local authority area which is currently 20.8%.

When considering the ease with which the needs of children can be met, community resources and access to services can be assumed to be significant. Reflecting on use of child neglect assessment tools (CNAT), explored within this thesis, many score factors like quality of food provided by parents/carer and compliance with attendance at follow up health appointments (Srivastava 1997). While parental ability to prioritise factors such as these, will certainly result in high levels of care delivery, there are inherent factors which have significant potential to make these more difficult including poverty and rurality, and some community-based factors like access to healthy foods.

The charity Healthwatch carried out a poll with 2,000 participants in England during 2022. Their findings suggest that 11% of respondents avoided attempting to book a health-related appointment due to the increasing costs of phone calls or internet use

required to do this. Furthermore, 15% of respondents said they actively avoided booking a dental appointment due to cost. Maclaren et al. (2024) argue that the centralisation of services providing health care has may have had a disproportionate negative impact on rural communities, due to the combination of larger distances to travel and infrequent or inconsistent public transport and Turbett (2018) has written widely about the lack of research and policy specific to the provision of social work care in rural communities.

Although dated, Pruitt and Wallace (2011) argue that parents living in poverty in rural communities in the United States were disproportionately judged on their difficulties meeting the needs of their children, and they suggest that rather than conclude that the children are subject to neglect by their parents, we should conclude that the families have been failed by the state due to lack of support and accessible services. This leads to the possibility that there may be gaps in understanding and consideration of the impact of rurality in Scotland on parental ability to effectively meet the needs of their children.

The data mapping exercise completed from which the six communities for profiling, appears to broadly substantiate Bywaters et al. (2022) view that there is a correlation between child neglect (and abuse) and poverty and deprivation. All six community profiles highlight significant areas within SIMD quintiles 1 and 2. However, it is noted that the SIMD is less effective in detecting smaller areas of deprivation in rural areas, due to their broader geographic coverage and lower population density, the six communities selected are within towns of varying size and rurality, therefore for the purpose of this study it is assumed that the link between poverty and neglect that confirmed within the body of research is also present within Ayrshire and Arran although it is acknowledged that that area-based measures of deprivation are not always representative of individuals living there i.e. more affluent people live in deprived areas and vice versa (McCartney et al. 2023)

iii. Key trend 2: breastfeeding, child healthy weight and maternal obesity and their relationship with neglect

One health indicator chosen for inclusion within the community profiles is the rates of exclusive breastfeeding at 6-8 weeks, measured against the Scottish average. The WHO state that "breastfeeding is one of the most effective ways to ensure child health

and survival” (Ghebreyesus and Russell 2025 n.p) There is a robust body of evidence confirming the short- and long-term health benefits for both mothers and babies. For babies this includes protection from infection, diabetes, asthma, sudden infant death syndrome and diabetes. For mothers, breastfeeding is shown to provide protection from heart disease and both ovarian and breast cancers.

As noted in Table two, all six of the community areas included within the profiling have reported exclusive breastfeeding rates at 6-8 weeks that are significantly lower than the Scottish average of 31.82%, with the lowest rates noted in Irvine Bourtreehill of 10.34%. The strength of this trend provides local evidence of the complex relationship between poverty, child neglect and poorer child health outcomes in relation to low breastfeeding rates.

Within Scotland and the rest of the United Kingdom, the United Nations Children’s Fund (UNICEF) Baby Friendly Initiative (UNICEF BFI), acknowledges the strength of the evidence base behind the importance of breastfeeding and works with organisations including NHS boards and health and social care partnerships to support staff working in these organisations to offer the highest standards of care to promote and protect breastfeeding. Ayrshire and Arran health board has one of the lowest rates of breastfeeding across in Scotland, but recently received UNICEF Gold baby friendly accreditation, which evidences the high standards of care provided to breastfeeding mothers in the region. UNICEF highlight that breastfeeding is not simply about infant nutrition and health benefit as they describe breastfeeding as ‘a natural safety net against the worst effects of poverty’ (Grant n.d UNICEF). While the context of this quote is looking at the health, nutritional and financial benefits of breastfeeding globally, the key tenets remain important when considering the relationship between poverty and neglect and associated impacts in Scotland.

UNICEF BFI also focus on the role of breastfeeding in supporting relationship building between mothers and their babies, however the body of research around the role of breastfeeding in underpinning secure relationships between the mother-infant dyad is somewhat more tentative. Gibbs et al. (2018) concluded that breastfeeding has a modest link to attachment security but were ultimately unable to confirm a causal relationship between breastfeeding and establishment of secure attachments. Linde et al. (2019) however, carried out a systematic review of eleven studies exploring breastfeeding and infant attachment and found some evidence that breastfeeding may support attachment security but concluded that further research was needed around this area. When exploring breastfeeding rates in the context of child neglect, the impact

of breastfeeding on establishment of secure attachments is crucial as Howe (2005) notes that parents and caregivers appear more motivated to meet the needs of their children when love under the guise of secure attachment is present. This echoes some of the key tenets of Bowlby's (1969) attachment theory in which he hypothesised that due to the highly vulnerable nature of infants, their chance of survival is maximised by developing a reciprocal relationship with one primary caregiver.

A meta-analysis of twenty-five studies published between 1997 and 2014, comprising a total of 226,508 participants concluded that breastfeeding is associated with a significantly reduced risk of obesity in childhood (Yan et al. 2014). The positive impact of breastfeeding on child healthy weight is further evidenced in studies carried out in high income countries by Rossiter et al. (2015) Bell et al. (2018). However, Quai et al. (2020) argue breastfeeding only acts a protective factor against child obesity if it is sustained for at least 6 months. Given the low rates of breastfeeding post 6-8 weeks in Scotland generally and certainly in Ayrshire & Arran and in the communities profiled, it can be assumed that community and population-based approaches to promote breastfeeding are likely to yield not only reduced risk of child obesity but crucially supported parent-child attachment which has potential to positively impact the efficacy of interventions to mitigate the impacts of neglect, given the evidenced role of secure attachment driving parental motivation.

Research by Bann et al. (2018) and Silverwood et al. (2017) demonstrate a strong association between socioeconomic disadvantage and both obesity and irregular patterns in child growth. According to NHS Scotland (2019) guidelines for tier two and tier three weight management services for children and young people, Scotland has some of the highest rates of childhood overweight and obesity among developed nations. The data also show a rising trend in the number of Primary One children at risk of being overweight or obese, particularly within the lower four deciles of the Scottish Index of Multiple Deprivation (SIMD). Data (Scottish Government 2021) highlights that the average figure of primary one children who are a healthy weight during primary one screening is 76.34%. As shown in Table two, of the six communities selected for community profiling, data were available for five communities, and of those five, four had lower than the Scottish average number of primary one children found to be within healthy weight ranges. In Kilmarnock, the difference is greatest with only 65.38% of primary one children being within a healthy weight range.

The research noted above demonstrates a relationship between poverty and overweight and obesity and given that the diet and nutritional intake of infants and pre-school children is almost entirely dependent on their care givers, this can be explored within the context of child neglect. While the National Child Protection guidelines (Scottish Government 2021 p 157) note that “severe obesity is not an automatic red flag for child protection concerns”, they do highlight that child overweight and obesity is complex, and in some situations significant harm or death associated with severe obesity may occur as a result of neglectful circumstances. The guidelines thereby infer that in some instances the failure to provide a healthy balanced diet to support healthy weight fits with the definition of child neglect. Indeed, the definition of neglect highlights that the presentation of neglect may include ‘neglect of nutritional needs’ (Scottish Government 2021 p 143). The NHS Scotland (2019) Standards for the delivery of tier two and tier three weight management services for children and young people in Scotland also note that severe obesity in children ‘may be associated with some forms of neglect’ (Scottish Government 2019 p 29). While policy and guidance appear to be moving towards a more definitive stance on the relationship between neglect and severe child obesity, the body of research linking child overweight to neglect remains more tentative. In the findings of their systematic review, Lang et al. (2020) concluded that while increased risk of child obesity was a ‘hallmark of child maltreatment’ (Lang et al. 2020 p 11) analysis of the papers included within their review did not lead to any increased understanding of causality and nor were they able to clearly link child obesity specifically to neglect.

There is a clear link noted within the literature outlining the physical impact of maternal obesity on children (Kankowski et al. 2022, Tong and Kalish 2021 and Godfrey et al. 2017) with increased likelihood of neural tube defects noted in children born to women with obesity, due to the impact of obesity in reducing the levels of folate uptake from dietary sources. McGuire et al. (2010) further emphasise that maternal diabetes which is three times more common in women with obesity is a risk factor for congenital cardiac and central nervous system anomalies. As seen in Table two, all six communities profiled had higher rates than the Scottish average for obesity at pregnancy booking. Heselhurst et al. (2023) carried out a study exploring postnatal diet in a sample of thirty-nine women with obesity, living in what they defined as a deprived community within the UK. Their findings highlighted that all women in the study had a ‘suboptimal postnatal diet’ (Heselhurst et al. 2023 p 8). This suboptimal diet, which is likely underpinned by complex factors including education, knowledge around healthy eating, access to healthy food and financial restrictions on purchasing and preparing

healthy food. Ashman et al. (2016) concluded that maternal diet during the postnatal period and early childhood is a predictor of future intake of fruit and vegetables for the children.

The community in which families live, plays a significant role in child healthy weight, as the literature suggests that some communities are obesogenic environments. The Scottish Food Coalition (2022) highlights that regardless of the general increase in ranges of food available in the UK, 16% of households are thought to be situated in 'food deserts' (Scottish Food Coalition 2022 p 18). This aligns with findings by Bowyer et al. (2009), who examined food accessibility in a London Borough and introduced the concept of food deserts which are described as areas where obtaining fresh, high-quality food is challenging. In these communities, food options are often limited to small convenience stores that carry a narrow range of products, typically sold at higher prices. Pachecho (2020) explored availability and access to foods within a deprived community in Scotland, to identify community factors which contribute to an obesogenic environment and identified that in some communities in Scotland, not only are they food deserts, but they are also simultaneously 'food swamps' (Pachecho 2020 p 7) which is defined as areas with clusters of unhealthy takeaways offering large portions of low-cost, poor-quality food. For families without access to a car, reaching larger supermarkets can be a significant challenge. This can particularly affect low-income households, as limited access to fresh produce may reduce their ability to make full use of Healthy Start vouchers. Many areas classified as food deserts or food swamps are located in deprived communities, where individuals with limited financial resources, disabilities, mobility challenges, or no personal transport often face barriers to obtaining affordable, nutritious food, with MacDonald et al. (2022) evidencing this within Glasgow. The Healthy Start Voucher scheme across Scotland aimed to positively influence dietary choices (Dundas et al. 2023) and this has been replaced with the Best Start Food (BSF) card with the aim of supporting a more dignified approach to supporting families with low income. An evaluation of uptake of the BSF scheme in 2022 found that 77% of eligible families were in receipt of, and actively using, the BSF card (Scottish Government 2022). The evaluation did highlight that some families reported they were unable to continue buying the same healthy foods when the monetary value available to them reduced at their child's first birthday.

Within public health and maternity research there is a compelling evidence base around the impact of maternal obesity on family health. There is a growing body of research outlining a relationship between adversity such as exposure to child abuse or

neglect in childhood to increased risk of overweight or obesity in adulthood (Mason et al. 2013, Danese et al. 2014). Ranchod et al. (2020) explore the impact of ACEs on maternal weight before and during pregnancy and acknowledged that women exposed to ACE's were more likely both to be overweight prior to pregnancy and to have higher weight gain during pregnancy. Furthermore, they suggest that traditional health education strategies employed to support maternal healthy weight like advice around diet and exercise are unlikely to be successful where the weight gain is underpinned by trauma resulting from exposure to ACEs. Ajslev et al. (2010) hypothesised that women who present with postnatal mood disorders may be at higher risk of neglecting their infants, and this could therefore be an 'early determinant of childhood overweight' (Ajslev et al. 2010 p 11136).

iv. Key trend 3: Child dental health

The dental health indicators chosen for consideration within this community profile are rates of good child dental health in primary one and primary seven. The public health observatory defines this as the percentage of primary one or primary seven children receiving a letter 'C' (no obvious decay experience but should continue to see the family dentist on a regular basis) during basic inspection with the data being gathered from the Child Health Surveillance Programme (NHS 2018). As noted in Table two, the rates of good dental health in both primary one and primary seven are poorer than the Scottish average, indicating that within these six communities the rates of dental caries and poor oral hygiene are higher than would be expected. Given the ages of children in both primary 1 and primary 7 children it would be expected that they are too young to take responsibility for their dental health. Therefore, the responsibility would fall to families or caregivers and it would be considered child neglect if poor oral care was shown to impact on health or wellbeing.

Scotland has historically high rates of both dental caries and dental extractions in children (Stewart 2023). The literature confirms that the mechanism of dental decay is overwhelmingly linked to diets high in sugar, with poor oral hygiene being a contributory factor (Matthews 2023). Stewart (2023) carried out Scotland-specific research which emphasised the correlation between social inequality, obesity and significantly higher rates of poor dental health. To attempt to address this, Scotland has the ChildSmile programme well embedded in practice. ChildSmile is a national public health initiative designed to reduce inequalities in oral health and to ensure every child in Scotland has access to dental services. Ross et al. (2023) attribute the ChildSmile programme with supporting reduction of the rate of visible dental caries in

five-year-old children from the 60% noted in the year 2003 to the 26% recorded in 2020. They do however acknowledge that the rates of dental caries in children remain higher in areas of deprivation. The ChildSmile programme is visible in practice, and this is supported by the data on its presence across the region which shows that during the 2021/22 academic year, 72.7% of pre-school establishments in Ayrshire and Arran were participating in the ChildSmile toothbrushing programme, a figure which is which is higher than the Scottish average of 58.4%. 43.8% of primary schools participated which is again higher than the Scottish average of 28.2%.

The literature suggests that the relationship between poor dental health and neglect is complex. In its most simple form, when a parent or caregiver fails to meet their child's oral hygiene needs, dental neglect occurs. However, Bradbury-Jones et al. (2021) carried out a scoping exercise which evidenced both a relationship between child abuse and poor oral health outcomes, and a relationship between child dental neglect and other forms of neglect. In older children and young people who can take care of their own oral health without direct input from a parent or caregiver, the impact of poor teaching and empowerment can result in an inter-generational cycle of dental neglect (Sartori et al. 2024). Tuthill et al. (2021) carried out an interesting study in Wales where they presented hypothetical case studies to both parents/caregivers and dental professionals and asked them to outline their choice (from a multiple-choice list) of actions including child protection referrals and dental treatment. Their findings highlighted that in some cases, parents/caregivers were more likely to suggest referral to social work than professionals. This highlights an interesting point around professional thresholds in relation to dental neglect and Tuthill et al. hypothesise that dental professionals may become 'immune' to dental decay as they see it with such frequency. It raises an important question around thresholds and the role of dental professionals in identifying children presenting with indicators of neglect which further strengthens the findings outlined in chapter five.

v. Key trend 4: Alcohol use, crime and child neglect

Within the literature, there is a robust body of evidence of the impact of frequent or problematic alcohol use on parent or care givers abilities to meet the needs of their children. Lee (2013) found that in her study, the cumulative effects of paternal alcohol use and parenting stress resulted in a 50% increase in likelihood of children being subject to neglect. Syed et al. (2018) suggest that across the UK, between 5% and

18% children aged between 9-12 months and 14 years have lived experience of having a parent affected by increased risk of alcohol misuse. Using data from the UK Millennium cohort study. This broadly mirrors findings by McGovern et al. (2018) who estimate that in the region of 7% of UK children are exposed to parental harmful alcohol use. While Cleaver et al. (2011) acknowledge that not every child living with a parent who misuses alcohol will experience significant harm, Velleman and Orford (2001) conducted a retrospective study involving adults who had grown up with a parent struggling with alcohol dependency. Their findings revealed that these individuals reported more adverse childhood experiences, lower levels of happiness, and less family cohesion compared to those in the control group who did not grow up in such circumstances.

The statistics gathered from the Public Health Observatory and utilised within the community profiles, consider the rates of alcohol related hospital admissions compared to the Scottish average. All six communities chosen for profiling have rates higher than the Scottish average. While no assumptions can be made around the family status of those individuals behind the statistics, they are an indicator of the degree to which problematic alcohol use as a social stress is experienced within each community. There is some research originating from the United States suggesting an association between areas with an increased geographical density of premises serving alcohol on site and increased rates of child neglect (Freisthler et al. 2008). Morton et al. (2014) explored this association further, and their findings highlighted that the levels of noted child neglect in their study were highest in communities where there was a 'greater density of on-premises alcohol outlets' (Morton et al. 2014 p 956). Their study highlighted the importance of community factors in shaping the rates of child neglect noted. In a further study carried out in the United States, Roy (2020) suggest that parental use of alcohol or substances is a key driver of child neglect. There is no evidence to extrapolate this bold conclusion to Scotland as our research landscape and policy drivers acknowledge the complexity of neglect, however this study does strengthen understanding of the positive association between parental alcohol and substance use and risk of child neglect.

As can be seen above in Table four, the crime rates within the communities in both East and South Ayrshire are above the Scottish Average, whereas both communities profiled in North Ayrshire have crime rates slightly lower than the Scottish Average. This was an unexpected finding, given that North Ayrshire at local authority level has

and has historically had high levels of crime (Police Scotland 2024). These lower crime rates may however be reflective of local priorities around policing.

Considering neglect in the context of crime, there are clear links within the literature between parental use of substances and alcohol and increased rates of neglect (Whittaker et al. 2016 and Kuppens et al. 2020). There is also a correlation between increased use of substances and alcohol within a community and an increased crime rate (De Vocht et al. 2017, De Vocht et al. 2022). The findings of the Scottish Crime and Justice Survey 2021/22 suggest that the Scottish public perceive illicit drug use to be a social problem within communities (Scottish Government 2023) with 45% of respondents citing drug dealing/abuse as very common or fairly common, resulting in drug dealing/abuse being noted as the most common issue highlighted within the survey as problematic within communities.

Although Alcohol and Drug Partnerships (ADP) in Scotland publish statistical data relating to use of substances and alcohol, these are not broken down into postcode data, so the statistics published by each of the three ADP in Ayrshire cannot therefore be assumed to give a specific overview of the impact of use of substances or alcohol on any particular individual community. Vincent and Petch (2017) analysed findings from significant case reviews in Scotland and noted that parental substance use was often linked to both issues within the neighbourhood in which the family lived, and involvement in crime. Furthermore, they highlighted some instances of intergenerational cycles of substance use, criminality, and associated community issues. Kim (2004) noted that what they described as indicators of community violence, including domestic abuse, assault and violent crime and drug related crime increase risk of child neglect. Morris et al. (2019) concur and suggest that in communities where there are higher levels of visible violent crime, participation in community initiatives or supportive activities is reduced, which has potential to increase social isolation.

vi. Key trend 5: Education and attainment

Lowthian (2022) carried out a review of the literature around parental use of substances and the educational impacts for their children. A negative association between parental use of substances and educational attainment was concluded. Although neglect was not specifically explored within the review, it can be argued that low school attendance can be a manifestation of neglect therefore the findings support

the arguments noted above correlating parental substance use and educational neglect. A retrospective longitudinal study carried out in England and Wales provided strong evidence that consistent and meaningful engagement with education can mitigate against some of the impacts of child neglect and other adverse childhood experiences and foster resilience with the caveat that education must be delivered in a trauma informed way to allow those with exposure to trauma and adversity to fully access it (Hardcastle et al. 2018). From a practice perspective this fits well with the GIRFEC framework and the Scottish Government investment in and commitment to embedding trauma informed principles throughout public services.

White (2018) explored the complex relationships between poverty and educational attainment and a key finding was that children's aspirations are heavily influenced by their environments which as previously noted by Bramley et al. (2019), emphasises the importance of meso-level and exo-level systems in shaping both aspirations outcomes for children as they particularly highlight that there is a lack of concrete evidence suggesting a linear correlation between parental disadvantage and lower aspirations for their children. MacLean et al. (2020) agree that children who experience maltreatment, which in the scope of their study included neglect, are more likely to have reduced educational attainment, they argue that the relationship isn't simply linear linking maltreatment and reduced attainment. As in my study, they note that children who have been subject to maltreatment, are likely to live in families and communities where adversity is high, and they argue that it is the impact of these adversities which influences educational attainment rather than maltreatment.

This highlights that child neglect can impact on educational attainment in several ways; via parenting capacity affected by stressors like poverty and alcohol and substance use leading to neglect as a consequence of reduced engagement with education, parental aspirations for their children which when viewed through an ecological systems lens are heavily influenced by communities and via neglect impacting on development which reduces potential achievement within education systems. Ringle et al. (2021) highlight that children who have been subject to neglect may be more likely to have delays in their speech and language development which has potential to contribute to reduced academic achievement and again strengthens the findings outlined in chapter five relating to the importance of information on child neglect held by speech and language therapy staff.

e. Strengths and limitations of secondary data analysis and my study findings

My secondary data analysis was impacted by gaps in the data which is a limitation of my study. The Office for Statistics Regulation (OSR) acknowledge that gaps in data exist, however their position is that this (OSR 2020) need not daunt researchers. Conversely, Burton et al. (2020) argue that major data gaps in terms of population and demographics, coupled with acknowledged difficulties identifying the population in routine data, are a significant limitation which impact on use of data to drive policy changes. Gaps in data held about children and young people in Scotland has been noted within high-profile research relating to outcomes for children and young people in Scotland and has been highlighted as an area of concern emphasising that ‘these are Scotland’s children- why don’t we know where they are?’ (Whincup et al. 2024). In 2020, the Independent Care Review published its conclusions via the Promise report. It was highlighted within that several organisations and agencies who participated in the Independent Care Review noted challenges with data collection, recording and analysis, and highlighted this as a theme which impacted on work to support children and families. As a result of this, The Data for Children Collaborative was formed in partnership with The Scottish Government, Edinburgh University and UNICEF. The Collaborative aims to improve outcomes for children through data. Also on a national level, both the importance of data in shaping policy, and some of the challenges around best use of data are highlighted within the Health and Social Care: Data Strategy (Scottish Government 2023). Given the pace of change around digital and data processes, it is timeous that these national initiatives and policy exist, as they emphasise the importance of data in shaping policy drivers and practice. However, currently at an organisational level, my study confirms that there are still gaps in how data both consistently and accurately underpins evidence-based practice. It is argued that these inconsistencies in organisational data capture, compound the theme of neglect as being subjective and difficult to identify both statistically and in practice.

f. Conclusion

Analysis of the quantitative data and data mapping as seen in Figures one and two enabled identification of six communities in Ayrshire & Arran where high levels of child neglect are evidenced via referrals to SCRA, child protection registrations where neglect is an area of concern, and IRD exploring neglect. These six communities were

profiled, and key data explored in the context of child neglect. This showed a clear geographical relationship between poverty and increased incidences of child neglect.

This led to evidence confirming local relationships between poverty and the likelihood children of living with factors like food insecurity, parental alcohol use and exposure to crime within the community which all increase the risk of their needs being more difficult to be fully met by their caregivers. Furthermore, the analysis of the quantitative data shows clear relationships between living in poverty and poor health outcomes for children including risk of overweight and obesity, increased risk of dental caries and lower rates of receiving breastmilk, all of which as discussed above have long term implications for health.

The cumulative impact of these findings supports the key finding and recommendation that child neglect, given the strength of the evidence of the relationships between poverty and neglect, should be classified as a public health concern, and addressed as such. This is further explored in chapter seven.

3. Chapter Three: Literature Review

a. Introduction and key themes

It is highlighted that literature reviews play a crucial role in research in several differing ways. This literature review summarises and critiques the body of literature around child neglect, identifies gaps in the research, and justifies the rationale for my proposed study. It is therefore structured as a scoping review. Arksey & O'Malley (2005) opine that scoping reviews are effective in mapping key concepts and types of evidence. It is noted that their focus is often on broad exploration of the literature which is ideal in underpinning the literature review to inform PhD study.

Aveyard (2014) highlights the importance of carrying out a comprehensively structured review of the literature. Therefore, to guide searches of the literature, search criteria were initially defined using a Population, Exposure, Outcome (PEO) approach as Audrey (2025) suggests this framework is particularly helpful in shaping searches of qualitative research. Although the PEO framework is more traditionally used within systematic review searches (Kebir et al. 2023), Bettany-Saltikov (2012) recognises the importance of all searches being both comprehensive and specific, noting the possibility of use of the PEO approach outwith systematic reviews. In finalising the search strategy, it was considered that Booth (2016), noted that the PEO approach may have some limitations when used to search literature involving complex factors, noting these may require a more nuanced approach to searching. Given that the literature review in this study is exploring neglect which can be considered as being both complex and a social phenomenon rather than a health-related concern, Exposure has less relevance here, so the PIO framework is utilised instead, with I defined as Issue. Although the PCC (Population–Concept–Context) framework is widely recommended for scoping reviews (Peters et al., 2020; Kabir et al., 2024) the use of the PIO framework is justified when, as in the case of this study, the review aims to explore a clearly defined phenomenon acting upon a specific population and producing identifiable outcomes. In such circumstances, the review question is not primarily concerned with mapping the breadth of a broad concept across diverse contexts, but rather with understanding how an issue is perceived, enacted, or experienced by those who encounter it. PIO provides a more structured and outcome-oriented lens that supports coherent inclusion criteria and facilitates the extraction of experiential or impact-focused data, which is particularly valuable when the review seeks to synthesise qualitative evidence relating to lived experience or

effects rather than conceptual variation (Teesside University, 2019; University of Edinburgh, 2025). By foregrounding outcomes, PIO helps maintain analytical focus within a scoping review that might otherwise become overly diffuse under the broader PCC structure. Thus, when the phenomenon of interest functions more like a defined issue than an abstract concept, and when outcomes are central to the review's purpose, PIO offers a more appropriate and methodologically aligned framework even within a scoping review design. With this balanced overview of the PIO approach in mind, it is used with caution throughout, while acknowledging additional care may be required during some searches.

As can be seen within the PIO framework for each theme and question, a Scottish focus is the preference. When there are no Scottish specific papers identified, papers identified relevant to the identifies issue and outcome from the UK are then considered, Finally, where little UK literature is yielded, global papers are considered for inclusion.

As this is a scoping review, papers are not critically appraised, rather their key themes are explored to result in an overarching overview and analysis of the landscape of literature relevant to child neglect and work with child neglect in Scotland.

Dekkers et al. (2022) suggest that effective management of papers identified within a literature review is essential in supporting development and organisation of a rigorous and transparent scope of the literature. The RefWorks platform is supported by The University of Stirling to aid researchers achieve high quality data management. Reference management software is widely recognised as a critical tool for doctoral researchers because it enables systematic organisation, accurate citation, and efficient retrieval of large volumes of scholarly sources (University of Wolverhampton, 2024). As literature reviews within PhD studies are required to demonstrate comprehensive coverage and critical synthesis, the ability to store, categorise, and annotate references in a centralised system is vital for maintaining methodological coherence in literature reviews. I engaged well with the system and found it helpful enabling me to import citations, attach and annotate PDFs of literature found within the scoping searches, and most importantly, in organising and categorising literature according to themes which was invaluable in shaping my final literature review structure.

From the scoping review, themes emerged as significant in providing context and justification for the proposed study. These themes have been structured to mirror the study aims, with theme one exploring the scale and spread of child neglect and community factors which may impact on neglect, theme two exploring how

professionals identify neglect and what supports their competence and confidence in this area of practice, and theme three exploring how family and professional understanding of child neglect is constructed.

Theme One - Environmental Factors

- Key policy and policy drivers around child neglect
- The relationship between poverty and neglect

Theme Two - Professional Factors

- Use of assessment tools to support assessment of child neglect
- Multi-agency working with neglect
- Professional thresholds and decision making around neglect

Theme Three – Caregiver Factors

- Family perspectives on neglect
- Scotland specific research on neglect and the link to adverse childhood experiences and how that underpins Scotland's aim of becoming an Adverse Childhood Experience (ACE) aware nation.

b. Search Methods

The primary method of searching was using online subject-specific databases. As this study has a focus on multi-agency working around child neglect, research findings relevant to the study were sought from a range of disciplines, including education-, health- and social work-based studies. The following databases were utilised to encompass a wide range of literatures on child neglect; EBSCO, CINAHL, MEDLINE, SocINDEX, British Nursing Index (BNI) and NHS Education Scotland's Knowledge

Network as Wright et al. (2015) highlighted these as likely to yield comprehensive results. The keywords listed in Tables five to eight below were selected to comprehensively reflect all aspects of each theme explored in the literature review. Williamson and Whittaker (2017) emphasize the value of including alternative expressions and synonyms when identifying keywords, therefore these were identified using a thesaurus to maximise the likelihood of the selected search parameters capturing a comprehensive range of the relevant literature.

Although the literature review was designed to encompass research, and opinion on child neglect from a multi-agency and multi factorial perspective, initially it was observed that there was little literature exploring child neglect from a health visiting, midwifery or family nursing perspective and those pieces captured within the searches were published in either Midwifery Information and Resource Service (MIDIRS) Midwifery Digest or the British Journal of Midwifery, with no results yielded from other relevant professional journals. As can be seen in the study design, these professional experiences of child neglect are crucial to this study therefore paper copies of the Journal of Health Visiting and Practicing Midwife were hand searched which yielded a further seven pieces of relevant opinion-based literature. Opinion pieces are lower in the hierarchy of evidence than other forms of peer reviewed research papers (Okeh and Ugwe 2009) however it is noted that literature like this can provide a broader understanding of the topic, and in this case did strengthen understanding of health professional opinion on child neglect. Hart (2018) notes the benefits of searching by individual author to ensure that all relevant work from authors who could be considered experts in the subject field, due to the depth and breadth of their knowledge and research on the topic, is considered and reflected in the literature review. As the initial broad reading around the topic identified Professor Brigid Daniel being the author of several seminal papers relevant to child neglect, a further search to capture all works authored by her was carried out, yielding eight further relevant pieces of literature.

c. Theme One: Environmental factors

As the context of this study is Scotland, a Scottish focus will be threaded throughout the literature review, acknowledging the wider global context. As noted in the introduction, Scottish Government statistics highlight neglect as the most common reason for a child's name to be added to the CP register (Scottish Government, 2024) and data from the Scottish Children's Reporter Administration (SCRA) shows that lack

of parental care is the most common ground of referral established for referrals made to the Children's Hearings System (SCRA, 2024). It could, therefore, be hypothesised that child neglect would be well represented within Scottish Government policy and legislation and primary research conducted within Scotland.

This section of the literature review is therefore focused on identifying the key policy drivers which underpin professionals' work with child neglect in Scotland. The body of research around child neglect and professional practice to address neglect specifically within Scotland will also be examined to identify key pieces of research which underpin policy and legislation. As the research for this PhD project was conducted within Ayrshire and Arran, local policy and guidance will also be examined to identify the research and policy which influences and shapes local work with neglected children.

i. Scottish Government frameworks, policy and legislation

The key pieces of legislation which provide agencies with statutory powers to address child neglect include Children and Young People (Scotland) Act 2014, Children and Young Persons (Scotland) Act 1937, Children's Hearings (Scotland) Act 2011. The Public Bodies (Joint Working) (Scotland) Act 2014 outlines the responsibilities of health and social care partnerships (HSCP) in providing care via universal services like health visiting and targeted services to address neglect like social workers.

Getting It Right for Every Child (GIRFEC) is the framework which underpins multi-agency professional work with all children and young people in Scotland (Scottish Government 2006). The framework was refreshed in 2022, and ethos of GIRFEC is designed to support the Scottish Government aspiration for Scotland to be the best place in the world for children to grow up in. GIRFEC has been in use since 2008 and is evaluated as being embedded across multi-agency practice (Rose, 2015 and Coles et al. 2016). I hypothesised that aspects of GIRFEC, particularly those relating to provision of a 'named person' (NP) and the Universal Health Visiting Pathway (UHVP) (Scottish government 2015) should potentially be particularly well embedded across Ayrshire and Arran, as they were one of the initial pathfinder health boards who trialled early implementation of the universal health visiting pathway and the NP model. Vincent (2015) warns that although GIRFEC exists to support professionals in maximising wellbeing, it was not designed to enable assessment of risk of child abuse or neglect. To bridge the gap between materials to support professionals identify wellbeing and risk, the Scottish Government published the National Risk Framework

(NRF) (Calder et al. 2012). At the time of submission of this work, the NRF is being refreshed and updated to ensure it remains contemporaneous.

The NRF is a three-stage approach to identify and manage risk of abuse and neglect, namely identification, analysis, and care planning. It is emphasised within the NRF that it is designed to complement GIRFEC. Tierney et al. (2011) suggest that the GIRFEC approach connects the task focussed NRF and the welfare-based Children's Hearing System. The combined use of these tools led Rose (2012) to suggest that the system in use within Scotland both currently and at the time of publication of their paper, has the potential to result in a more robust breadth of analysis of both child wellbeing and risk than the alternative systems within other areas of the United Kingdom. Each nation within the UK has its own individual systems underpinned by relevant legislation to support the protection of children. GIRFEC shares an ethos of maximising children's wellbeing with The Common Assessment Framework (CAF) used throughout England, as neither were explicitly developed to support professional identification or assessment of potential maltreatment (Vincent 2015). Evaluation indicates that the GIRFEC framework has potential to result in more holistic assessment of wellbeing as it encompasses a range of tools including the Resilience Matrix, My World Triangle (MWT) and SHANARRI wellbeing indicators making it more holistic in approach than approaches in other nations (Hevey and Miller 2012). Robertson (2014) suggests this holistic assessment leads to a greater understanding of the child's situation and increased likelihood of timely and accurate identification of risk.

The Scottish Government published Protecting Scotland's Children and Young People -National Policy in 2018. This affirms their commitment to supporting all children in Scotland to attain their maximum potential. The policy echoes the principles of the GIRFEC Framework and uses much of the same language. It emphasises that the principle of protection underpins GIRFEC and highlights many of the key learning points synthesised from analysis of Significant Case Reviews (SCR). There is an emphasis on the importance of multi-agency working and early intervention. It uses a triangle model with universal services as the base layer, moving through the levels of early help, targeted support and culminating in Child Protection at the tip bearing similarity to Maslow's (1943) hierarchy of need. Despite acknowledging that neglect is the primary concern for children in Scotland within the Child Protection System, there appears to be little specific focus on neglect within the policy. Neglect is outlined however within Protecting Scotland's Children: Child Abuse Prevention Activity document (Scottish Government 2018). Within this document, there is a commitment to

collating all relevant policy areas across government with a view to identifying how policy can be better aligned to address child neglect. There are concerns around professional thresholds, particularly for those children who are known to professionals already. This has the potential to result in blurring of analysis within the triangle model which may leave some children vulnerable to not adequately having their needs assessed and risks and vulnerability underpinning actual or potential neglect identified.

ii. Child Protection Improvement Programme

Following the analysis of the findings of the Christie Commission (Christie, 2011) and the Brock Report (Brock, 2014), the Scottish Government developed the Child Protection Improvement Programme (CPIP) in an attempt to address the shortcomings identified within the Scottish Child Protection System including CPC's, the Children's Hearing System and child protection registers and processes. CPIP outlines nine key result areas identified within Protecting Scotland's children and young people: it is still everyone's job (Scottish Government, 2017). These are: neglect, child trafficking, child sexual exploitation, internet safety, children's hearings, data and evidence, systems, leadership and workforce development and inspections. Crucially it is noted within CPIP that the Children and Young Persons (Scotland) Act 1937 remains the legislation underpinning criminal charges occurring in relation to child neglect and is very dated and unlikely to be congruent with current social trends. A recommendation therefore exists to utilise the Children and Young People (Scotland) Act 2014 as a vehicle to update this to reflect more current practice.

The following actions were also noted within CPIP to improve practice in Scotland around neglect; a commitment to review policies and adopt a collaborative approach to tackle neglect more effectively with a focus on early intervention and preventive work. It was noted that the findings of research undertaken by the Centre for Child Protection and Wellbeing (CCPW) would be used to inform the neglect improvement work. A review of the published updates from the CPIP between 2020 and 2024 suggest that while work steadily progresses, the actions around child neglect appear to be noted with decreasing frequency within the workstream reports and associated blogs. This could indicate that the workstream's broad aim of increasing awareness and understanding of child neglect is considered to have been achieved. Alternatively, it could be that the key drivers and focus are shifting away from neglect, which given the current statistics highlighting the ongoing prevalence of neglect in Scotland, would indicate that the policy focus on neglect requires to be maintained rather than stalling due to a lack of focus.

iii. Care Inspectorate joint inspections

As highlighted by Gunn and Helm (2023), the Care Inspectorate summary of joint inspections carried out across Scotland between 2012 and 2017 (Care Inspectorate, 2019), echoed themes extrapolated from SCRs. The Care Inspectorate highlighted a small number of children and young people who they found had been exposed to neglect for a significant period of time before professionals recognised the neglect which is at odds with the importance of early recognition and intervention as outlined in GIRFEC. The Care Inspectorate also acknowledged circumstances where multiple factors contributed to the neglect including resistance which resulted in challenges for professionals in timeous recognition of, response to neglect leading to poor outcomes for children. The Care Inspectorate identified that this finding links in the neglect-focused work stream within CPIP and have recorded an action to focus more clearly on the experiences of children and young people where there have been delays in processes resulting in prolonged exposure to neglect.

The difficulties for professionals in confidently identifying the threshold where an accumulation of risk and exposure to neglect on the continuum of wellbeing reaches the point of crossover to child protection, should not be underestimated. However, it is emphasised that this is a vital area for improvement, as the body of research outlining the significant short and long-term effects of neglect on behaviour, emotional and physical health and development and educational achievement is rapidly expanding, and several key pieces of Government literature and policy within Scotland have highlighted this as an area of concern (Scottish Government, 2016, Care Inspectorate, 2019). Although CPIP has continued to work towards practice improvements, given that the neglect programme continues to focus on the four key areas identified, there is a potential gap in local knowledge and understanding about professionals' work with neglect and their confidence in escalating concerns around neglect. This research study aims to address this.

East Ayrshire HSCP underwent a joint inspection of children's services during 2017/2018. One finding was that 'a few children were left in potentially risky situations for too long, particularly those experiencing neglect' (Care Inspectorate, 2018, p 11). This was highlighted within the overwhelmingly positive report as one of the areas of practice requiring to be strengthened. Some tensions in professional thresholds for triggering an initial referral discussion (IRD) in response to neglect were identified. Furthermore, targeted actions resulting from IRD because of neglect were less robust, in contrast to the effective and timely professional response to IRDs raised in relation

to other forms of abuse. At the time of thesis writing, a further joint inspection in East Ayrshire is underway (2024).

In 2016, South Ayrshire's service for children and young people underwent a joint inspection by the Care Inspectorate. One of the findings of relevance was that 'a few' children subjected to physical neglect would have had more positive outcomes had the professional response including consideration of comprehensive medical assessments, been more timeous.

Until 2022, North Ayrshire's last joint inspection was in 2013, and findings unlikely to be a relevant reflection on how current practice around neglect is impacting on outcomes for children and young people locally given the changes in policy and practice. However, a further joint inspection was completed in 2022. This inspection was affected by the COVID-19 restrictions and as a result, the inspection was not able to fully explore the experiences and views of young people. The inspection did not make any specific recommendations in relation to neglect but did acknowledge the challenging demographic context in which North Ayrshire's children and young people live, estimating that over 6,200 children (27.9%) aged 0-16 could be living in poverty in North Ayrshire in 2019/20. The elevated levels of need and risk in North Ayrshire were also noted. In 2020/21, North Ayrshire had a rate of 5.2 children on the child protection register (per 1,000 of the 0 –15 yr population), significantly higher than the Scottish average of 2.3. The joint inspection noted that professional recognition of risk of abuse and neglect was evidenced throughout the inspection to be good, and that multi-agency collaboration and partnership working to identify and address abuse and neglect was having a positive impact on most children and young people at risk of harm in North Ayrshire.

iv. Learning from practice

To continuously reflect and improve on practice around working with child abuse and neglect, Munro (2010) has emphasised the importance of learning from near misses or instances where harm occurred. Sidebotham et al. (2010) report that the SCR process aims to reduce blame culture via the scrutiny and hindsight involved within SCRs allowing for identification of different practice and interventions which may have made a difference to the outcomes for the children considered. The SCR process has similarities to the structured reflection within health and social care practice and education which has a focus on strengthening deep understanding to learn from past actions to improve future practice (Jasper, 2011). Rawlings et al. (2014) carried out

research in England which identified some barriers which impact on the efficacy of professional learning from SCRs. These barriers include: a perceived ethos of blame within SCR publications, the volume of new policies and procedures following SCRs is viewed as overwhelming and some concerns that the language and reporting style within SCRs may result in them not being accessible to a range of professionals.

Although reference is made within this literature review to the learning synthesised from analysis of SCRs, it is acknowledged that the SCR system used was imperfect (Preston-Shoot, 2017). Wood (2016) made some criticisms of the processes guiding SCRs within English Local Safeguarding Children Boards, noting particularly that publication of findings is often delayed, which Sidebotham et al. (2010) argue can lead to the dissemination of learning having less positive impact on practice. Preston-Shoot (2017) suggested that SCRs often delivered similar themes and findings but did not always provide sufficient depth of understanding of the context. Within this research the impact of local SCR findings relevant to neglect on professional practice will be explored to identify and understand how local policy and guidance around working with neglect has been shaped by SCR findings, and crucially what the impact on outcomes for children has been.

During my study, the process and guidance for completing a SCR was replaced by the publication of the National Guidance for CPCs undertaking learning reviews (LR) (Scottish Government 2021, updated 2024). The rationale for the change from SCR to LR was initially suggested within the document Protecting Scotland's Children and Young People: It is still everyone's job: Child Protection Systems Review (Scottish Government 2017), where recommendation eight was that the Scottish Government should explore a new tiered approach to and methodology for, Initial Case Reviews (ICRs) and SCRs, based on the 'Child Practice Review' model used in Wales. The change to LRs was designed to embed a more flexible and proportionate approach to learning that is relevant to the current practice context and seeks to understand why events took place, with a strengthened focus on implementing learning extrapolated (Scottish Government 2021).

Following the move to use of LRs, the Care Inspectorate published a review of findings extrapolated from SCRs, ICRs and LRs completed since May 2021. Here, a similar theme of professional identification and response to neglect continues to underpin notifications for LRs, which highlights a lack of change in practice relating to this issue.

In July 2024, the Care Inspectorate published a data report, summarising eleven learning reviews completed between April 2023 and March 2024. Neglect was identified as the most common cause of harm in non-fatal incidents referred for consideration of a LR, being present in twelve out of the twenty-four (50%) notifications in this category. The data report does not provide narrative or summary analysis of the content of notifications but does provide the reflection that 'the majority of reports highlighted that neglect was not identified and responded to early enough' (Care Inspectorate 2024 p 15). Reflecting prior to the introduction of learning reviews, the learning from SCRs from the trienniums 2016-2018 (Care Inspectorate, 2019) and 2013-2015 (Care Inspectorate, 2016) confirmed that children living with neglect are often not identified timeously and have therefore been described can be 'hidden' leading to delays in professional recognition of the neglect. Research studies by Barnardo's further suggest that much adversity faced by children are not seen by those outwith the child's immediate circle, resulting in the need or harm being hidden (James 2020).

Prior to the introduction of learning reviews, the 23 SCRs considered between April 2018 and March 2021, 25% were in relation to neglect, which led the care inspectorate to conclude that 'neglect continues to be a prominent and contributory feature in a SCRs submitted' (Care Inspectorate 2022 p 11). It was also emphasised that similarly to previous triennial reviews, missed opportunities for professional recognition or intervention in relation to neglect were identified, leaving children unnoticed in neglectful situations until the threshold for implementing child protection or statutory processes was reached (Care Inspectorate 2022). Analysis of learning from both ICR and SCR identified that both social and environmental factors impact on professional decision making about when and how to intervene to protect the child from further harm. This is a crucially important finding which links strongly to the justification for my study.

One of the themes drawn from analysis of SCRs (Care Inspectorate, 2019, Care Inspectorate, 2016) relates to a lack of clarity about the role and function of the named person (NP) and lead professional roles within multi-agency working and how these impacts on care planning. As the 50 SCRs analysed within these two learning reviews come from all CPC areas across Scotland, there may be a gap in local knowledge relating to practice within Ayrshire specifically. Ayrshire was one of the first areas in Scotland to adopt the NP model, therefore the impact of this in supporting multi-agency working in relation to neglect should be explored, as it is accepted that thresholds and

decision making in respect of neglect are more heavily dependent on effective multi-agency working than other types of abuse. It is recognised that most children considered within SCRs had a history of service involvement (Sidebotham, 2016). This will be considered later in this literature review during the review and critique of the literature round identifying and managing child neglect.

A finding of the review of learning from SCRs (Care Inspectorate, 2019), suggests that when used as intended the NRF, in conjunction with tools within GIRFECs national practice model, consistently resulted in practice supported by a comprehensive evidence base thereby having the potential to positively improve professional practice around assessing risk and vulnerability. In the Triennial Review of Learning from SCRs in Scotland (2018–2021), Glasgow CPC reported the reintroduction of a child neglect assessment tool (CNAT) as a practice improvement. They noted that, alongside other initiatives aimed at addressing neglect, this approach is beginning to show signs of increased practitioner confidence in identifying neglect (Care Inspectorate, 2022). Further discussion on the use of assessment tools in cases of child neglect is seen below.

v. The relationship between poverty and neglect

Given the magnitude of the current body of research around poverty, it is outwith the scope of this literature review to explore this fully, therefore only a brief overview of some seminal and relevant pieces of research driving forward the anti-poverty agenda in relation to child protection are considered.

Poverty remains one of the most pressing social stresses impacting children's lives. Bywaters et al. (2016) provided powerful evidence demonstrating that poverty is a causal factor in child abuse and neglect, a position reaffirmed in their updated review (Bywaters et al. 2022 p. 7), which identifies family poverty and inequality as key drivers of harm to children. The research indicates that financial hardship can significantly impair a caregiver's ability to meet a child's needs, even when emotional bonds and intentions are strong thereby evidencing a clear correlation between poverty and neglect.

Gupta (2017 p. 21) described poverty as 'the elephant in the room' in the context of child neglect, arguing that its influence was largely absent from policy and practice guidance despite significant and growing evidence of its impact on parenting. Building on this, Saar-Heiman and Gupta (2020) developed the Poverty-Aware Paradigm for

Child Protection (PAPCP), which critiques traditional child protection frameworks for focusing narrowly on caregiver actions while overlooking structural inequalities such as poverty which drive and shape these actions. This paradigm advocates for an approach grounded in lived experience rather than professional idealism. Poverty not only constrains decision-making but also shapes psychological, social, and cultural perceptions (Sheehy-Skeffington and Rea 2017).

Although developed in the English context, the arguments presented above by Gupta and Saar-Heiman resonate within Scottish policy, particularly in the updated definition of child neglect and the commitments outlined in *The Promise*, which acknowledge poverty as a significant social stress. In Scotland, most Health and Social Care Partnerships (HSCPs) offer income maximisation services aimed at alleviating the material effects of poverty. While these services provide essential short-term support, they are limited in their capacity to address the deeper, systemic challenges that poverty poses to sustained parental capacity and child wellbeing.

d. Theme Two: Professional factors

Theme two explores literature supporting research and understanding of professional factors within the scope of work with child neglect.

i. Use of child neglect assessment tools (CNAT) to support evidence-based assessment of child neglect.

The question formulated to focus this strand of the literature review is: does use of a structured assessment tool assist professionals in identifying and evidencing child neglect, and/or engaging families to work with professional intervention to address concerns around child neglect?

Table 5: PIO framework on use of child neglect assessment tools (CNAT) to support objective and evidence-based assessment of child neglect.

POPULATION	Professionals in Scotland or UK working with families where child neglect is an area of concern
INTERVENTION	Use of assessment tool designed to support professional analysis of child neglect
OUTCOME	Improvements in one of the following areas: Identification of neglect Evidencing neglect Engaging the family to address concerns around neglect.

Given that this strand of the literature review is concerned with finding professionals' experiences of using a structured assessment tool, the first step within the literature review was to build an understanding of what tools are available and the spread of their use particularly across Scotland as this is the setting for this research.

How professionals assess neglect can be subjective due to varying professional constructions of child neglect (Daniel et al. 2010). Horwath and Tarr (2015 p1381) warn that professionals working with neglect are at increased risk of losing focus on the lived-experiences and perspectives of individual children, resulting in generic and tokenistic assessments which are not truly child centred. They suggest this occurs in part because of the social construction within research and practice of the 'neglected child' as opposed to a more holistic ethos of a 'child who has experienced neglect and has been impacted by this.' Brandon et al. (2013) describe some children and young people, who were subject to neglect, as hidden and the most current findings from learning reviews and significant case reviews suggest this description, although a decade old, remains apt. Taylor et al. (2023) reflect on the breadth of work by Brandon et al. (Brandon et al. 2008, Brandon et al. 2013 and Brandon et al. 2020) in analysing findings from SCRs and the theme of neglect being hidden, and they propose that in some communities, rather than being invisible, neglect can become normalised by

practitioners, which makes it more challenging in practice to work with thresholds for both action and intervention. They suggest that there may also be a role for the use of assessment tools or frameworks in supporting decisions on intervention as well as identification of neglect (Taylor et al. 2023). Parker (2020) suggests that the challenges for professionals in assessing neglect are multi-faceted and clearly described, but problematic in practice. They identify a role for the use of childhood neglect assessment tools (CNATs) or other structured tools suggesting that they can provide a framework for more standardised and objective decision-making. This perspective is shared by Wilkinson & Bower (2017) who agree that assessment of neglect remains an area of tension in practice. Use of such assessment tools in practice however is cautioned by Haworth et al. (2022 p 2) who suggest that “no gold standard for the measurement of child neglect currently exists”. Below I evaluate the use of assessment tools and frameworks in use across Scotland to support professional practice around identifying and working with child neglect.

Within Scotland each of the thirty-two local authorities has its own CPC or public protection committee (PPC), who are responsible for guiding strategic decisions in relation to local operations around professional work with neglect. This responsibility includes implementing the use of a CNAT or, if local assessment of neglect processes, will be underpinned by a broader approach to working with children and families via the GIRFEC National Practice Model or use of a specific framework like Signs of Safety. Each individual committee is represented on the national group, CPC Scotland, to ensure governance, oversight and consistency of key objectives and drivers of child protection practice.

Each Scottish CPC or PPC website was manually searched by the researcher during May 2024 to identify any literature held on the use of CNATs. A wide variety of findings were noted with neglect featuring in most CPC plans as a strategic priority. Some CPCs had invested in CNAT with the Assessment of Care Toolkit or Neglect Toolkit (or an adapted toolkit) being the most utilised in five CPC areas, followed by the Graded Care Profile 2 (GCP2) which is used within three areas. While a small number of CPCs appear not to have implemented a specific CNAT, several have developed training to support professionals working with child neglect. While it is notable that neglect is a priority area within most CPC areas, this lack of a consistent approach may have implications when considering thresholds in relation to child neglect, due to the co-existing complexities of both thresholds and child neglect. A scoping review by Duman et al. (2024) confirmed that these findings are broadly mirrored throughout England

and Wales, showing that all the Local Safeguarding Children Partnerships (LSCP) who participated in their review had a current neglect strategy which recommended use of a CNAT. As the participation response rate in the study was 34.7%, there is potential for positive bias in those respondents therefore, the overall picture may be less consistent. It is clear however that there is similarity in approaches across Scotland, England, and Wales around assessment of neglect.

At the time of writing, within Ayrshire & Arran, the NHS board hosting the research, all 3 CPCs had differing approaches to the use of CNATs. South Ayrshire use the 'Neglect Toolkit', North Ayrshire are one of the few CPC areas in Scotland who have not invested in the use of a specific CNAT, although the Signs of Safety framework is being implemented as the approach to work with children and families (which would include work with neglect). East Ayrshire CPC have invested heavily in the use of GCP2. Considering these approaches in the context of the work by Duman et al. (2024), who suggested categorising approaches to assessment of neglect is helpful in supporting fuller understanding, both the GCP2 and Neglect Toolkits would be captured under the umbrella of neglect assessment tools, whereas Signs of Safety would be in the non-neglect specific category.

The GCP2, which is an updated version of the Graded Care Profile (GCP) (Srivastava & Polnay 1997) is a licensed tool developed by the National Society for the Prevention of Cruelty to Children (NSPCC) with the aim of supporting practitioners to reduce the subjectivity of assessment and analysis of child neglect (NSPCC 2015). Barlow et al. (2012) found GCP2 to be one of only two UK-developed approaches to assess neglect, the other being the Safeguarding Assessment and Analysis Framework (SAAF) which does not appear to be in use within Scotland and is not therefore explored within this review. Barlow et al. (2012) concluded that the GCP2 was comprehensive and consistent, and provided detailed guidance for professionals to support its use which the NSPCC used to drive adoption of the tool. Use and efficacy of both the GCP and GCP2 in the UK has been widely evaluated, however Barlow et al. (2012) highlighted that at the time of their evaluation there was limited evidence around rigour and validity of use. Johnson and Cotmore (2015) evaluated the GCP2 and reported positive outcomes, however as the NSPCC commissioned them to evaluate use of the tool designed by the NSPCC, there is potential for bias. Further evaluation and comparison of GCP2 was carried out by Johnson and Fisher (2018) who concluded that GCP2 is reliable and valid and is likely to aid professionals in their assessment of child neglect.

In 2022, the NSPCC commissioned a further evaluation of the GCP2 using a qualitative case study approach and researching both professionals' and families' experiences of using the tool (Margolis et al. 2022). This highlighted that professionals found the tool useful in supporting and evidencing decisions around the nature and duration of work with families which, while relevant from a social work perspective, has arguably less value for universal services. It could however be seen as helpful in evidencing the end point of specific interventions to address neglect and indeed Srivastava and Hodson (2020) highlight its potential use in pinpointing the efficacy of intervention.

In my study, professional interview participants with experience of using GCP2 all spoke positively about its use in practice, but use of GCP2 in practice remains low. The scale up of the GCP2 was evaluated by Smith, et al. (2018) again, commissioned by the NSPCC, who overwhelmingly reported positive feedback from staff trained to use the tool. However, the percentage of trained staff who reported actually using the tool within six months of accessing training was only 48%. Some reasons given for this include practitioners not being able to identify suitable families to use the tool on. However, given the high levels of neglect noted across the UK, it could be considered unlikely that practitioners would not be involved in providing care for any child at risk of neglect. When a local service evaluation around use of GCP2 was undertaken during 2019 it was noted that only 14% of respondents had used GCP2 on more than one occasion (Scott, 2019). This mirrors the NSPCC evaluation and indicates a need for qualitative research into practitioners' experiences of the tool to allow deeper understanding of what leads to low use suggested across evaluations and audits. In terms of the demographics of the practitioners who carried out the assessments within the evaluation, all six were social workers based within England, which highlights some possible gaps in the transferability of findings to Scotland and certainly Ayrshire where the tool is used by Health Visitors, Community Practitioners within Early Education Centres alongside Social Work staff.

In 2013, Sen et al. carried out a study examining the perspectives of professionals and parents around use of the GCP in one geographical locality in Scotland. They noted that although the literature supporting use of the GCP mentions robust evaluation of the tool, they only located one piece of published evidence - a field trial report from 1997. The authors concluded that they had identified a gap 'between what the GCP is and the claims which have been made previously for it' (Sen et al. 2013 p 371). This is echoed by the findings of this literature review which suggest that, except for the study

carried out by Sen et al., most evaluations of GCP2 use may not be without significant bias due to conflicts of interest in funding or commissioning. This raises some critique around the evidence base underpinning the GCP2, Neglect Toolkit and Assessment of Care.

It is more than a decade since Burgess et al. (2013) published 'The state of child neglect in the UK' with Action for Children. This partnership between The University of Stirling and Action for Children yielded the original Neglect Toolkit (NT) which was adapted from the original Graded Care Profile (GCP) (Srivastava & Polnay 1997). The NT framework is influenced by the findings of the Action on Neglect project (Burgess et al., 2014) which was a knowledge exchange between two Universities in Scotland and three boroughs across England combining practitioners lived experience of working with child neglect and the findings of a literature review (Daniel et al. 2010)) which covered research published in the English language between 1995 and 2005. As much of the content of the NT, and its underpinning evidence, is shared with the GCP, much of the above analysis in relation to critique of the underpinning evidence remains relevant when considering this tool. A significant difference however is that while the GCP and GCP2 have undergone some psychometric testing, Duman et al. (2024) and Haworth et al. (2022; 2024) emphasise that the NT, and associated locally adapted versions, have not. This led both to question the validity of its use to support decision making in practice.

Use of versions of the NT, however, remain common, and across Scotland at the time of writing, appear to be the most commonly used CNAT. Within the Triennial Review of Learning from SCR's 2018-2021, Glasgow CPC showcase use of a standardised assessment tool to support identification of neglect as their example of positive practice change, noting early indications of increased professional confidence around identification of neglect (Care Inspectorate 2022).

Within South Ayrshire, the NT has been in use by social work and health professionals since June 2018. The version of the toolkit used within South Ayrshire is a tool adapted from the GCP developed by Action for Children and Glasgow City Council. A local evaluation of use of the NT was completed in January 2020 by the CPC in South Ayrshire, which highlighted local views around working with neglect. This confirmed a theme identified within the literature review, that professionals feel that neglect is a complex issue, and several professionals struggled to identify what was 'good enough' in terms of care. Professionals also noted that thresholds varied both within and across services. Evaluation of use of the NT demonstrated that although 87% of staff trained

in use of the NT felt it was beneficial or very beneficial to their practice, 41% of staff trained had not yet used the NT. Of those staff who had used the tool, only 50% felt use of the NT had resulted in an improvement in outcomes for the child and family they had supported (South Ayrshire Council, 2020).

ii. Signs of Safety (SoS).

SoS was developed in Australia and is underpinned by strength-based interview techniques and aspects of 'solution focused brief therapy' (SBFT), a short-term therapy which focuses on setting goals and working out how to achieve them. (Turnell et al. 2017). Similarly to GCP2, SoS can be used as an early intervention tool. SoS reports that one of its core principles is the establishment of a constructive working relationship between professionals and families and between professionals working with families. A key difference between SoS and GCP2 is that SoS has a clear emphasis on incorporating the views and experience of the child at the centre of the assessment in keeping with Scottish policy drivers. As such there are tools within SoS that professionals will use directly with children to attempt to understand their experiences (Bailey and Myers 2023).

Gardner and Rosan (2017) suggested that the SoS approach supported practitioners working with child neglect because it helped practitioners be specific about their concerns which then in turn meant that parents were clearer of the expectations held by professionals about changes, they should work towards to support progress of developed action plans. An evaluation of SoS was commissioned by the NSPCC (Bunn, 2013) which concluded that due to the SoS' inherent strength-based focus, it may not always support timeous identification of significant risk of harm or child protection concerns. However, within some of the small-scale local audits considered within the evaluation, data from interviews with staff disputed this by noting that assessment of risk was a common theme and that professionals using SoS had concluded that it did support them with assessment of risk. The evaluation by Bunn (2013) also indicated that SoS is acceptable to families and use of SoS methods is thought to have a positive impact on parental participation and co-operation of families as they feel they have a more active role in decision making. Salveron et al. (2015) carried out an evaluation of use of SoS in Australia, and while this did not explore neglect specifically, their findings identified the flexibility of the framework to assess presenting concerns. These findings may have influenced one LSCP in England who have embedded the SoS approach in practice as they have developed a tool called the 'Signs of Safety Neglect Screening Tool' using the SoS framework and ethos.

Stanley and Mills (2014) explore the use of SoS from a predominantly health visiting and social work perspective, and argue strongly that it supports multi-agency working, in particular around assessment and analysis of risk. They conclude its use resulted in proportionate and purposeful interventions. They further argue that universal services should have an increased role in managing care where risk has been identified, and that use of an assessment tool such as SoS helps to identify strengths which can provide some protection from the risk. They also emphasise that assessment tools can help alleviate professional anxiety, which in turn prevents unnecessary escalation of cases. This supports a more ethical and balanced approach to evaluating and managing risk.

While CNATs aim to provide a structured and consistent way to assess the effects of neglect on children, Gunn and Helm (2023) note that it is important to critically examine the appropriateness of using tools to 'score' such a complex issue. Furthermore, though designed to support objective assessment, use of CNAT may not align well with the holistic and personalised principles of the GIRFEC approach. Also, while GCP2 focuses on 'net care delivered' i.e. the lived experience of the child, irrespective of the reasons leading to the neglect, the SoS approach highlights the importance of what they describe as 'complicating factors' and acknowledge that these are things which cannot be changed. Therefore, plans to improve outcomes for children and young people must not focus on these, given they sit outwith the factors that parents or caregivers can influence. This could include systemic stresses like poverty or rurality. My experience from practice and from reviewing the evidence is that a family living in poverty may encounter challenges in providing a healthy diet for their children due to food poverty, thereby 'neglecting' the children. Horwath & Tarr (2014) suggest that using assessment tools can result in generalised assessments with professionals subsequently having a narrow understanding of how each individual child is affected by the neglect. They suggest that the use of CNATs, rather than promoting a child-centred approach, tend to focus on parenting without considering the influence of broader social stresses. Furthermore, they argue that due to individual differences and varying levels of resilience, the effects of neglect can manifest differently in each child. This is significant given the updated definition of child neglect in use across Scotland, which acknowledges that neglect 'can arise in the context of systemic stresses such as poverty and is an indicator of both support and protection needs' (Scottish Government, 2021, p 13).

Tufford et al. (2021) carried out a study in Canada where professionals underwent objective structured clinical evaluation (OSCE) of their actions when presented with a vignette outlining a case of physical abuse or neglect. The analysis of professional actions in relation to the neglect vignette concluded that the majority did identify the neglect but decided not to refer to child protective services, although this should be mandatory within their sphere of practice. It was suggested that their decisions were driven by emotion and professional judgements to apply supportive actions in attempt to improve outcomes which may suggest that use of any tool is likely to be subjective, and findings influenced by the perspective of the professional using it. This offers an interesting perspective on the use of CNAT, as it could be argued therefore, that there may be benefit in shifting the focus from use of tools to identify neglect, to strengthening practice around post identification practice. Both Carmel and Widom (2020) and Chia-Jung et al. (2022) explored use of screening tools to support practice around child neglect, and both also concluded that context is crucial in assessing neglect and tools must only be an aspect of holistic assessment. This approach would fit with our Scottish definition of neglect which stresses the impact of social and contextual factors. Taylor et al. (2023) emphasise the complexity of addressing neglect within the context of social complexity, particularly poverty, and question if professionals may in some cases be labelling issues as neglect, when they should in fact be labelled as poverty or impact of poverty. Again, this may suggest that professionals are identifying the issues, but the complexity lies more in how these issues are constructed and understood within professional analysis.

Consideration of the value of tools to support assessment of neglect does not appear to be reflected within the body of research literature exploring assessment of neglect. In their systematic review, Haworth et al. (2022) seek to confirm the findings of the supporting evidence underpinning the NICE guidance on child abuse and neglect (NICE 2017) which highlights the absence of a 'gold standard' to measure child neglect. The driver for this systematic review appears to be to support development of a more clinically robust tool to support assessment or measurement of neglect, rather than exploration of the ontological underpinnings of assessment of neglect.

ii. Multi-agency work with neglect

The question formulated to focus this strand of the literature review is: how efficient is professional multi-agency working in relation to children who have experienced neglect?

Table 6: PIO framework on multi-agency work with neglect

POPULATION	Professionals in Scotland/UK working with families where child neglect is an area of concern
INTERVENTION	Multi-agency working to address identified neglect
OUTCOME	Improvements or good practice noted in one of the following areas: HSCP integration Evidencing and analysing neglect

The literature review around thresholds identifies that much has been written about thresholds in respect of social work decision making, but less so from other agencies' perspectives. It is embedded throughout policy that effective multi-agency decision making is the benchmark of good practice and helps to provide all pieces of the picture that allows assessment of vulnerability and assessment of need. Thomson (2011) reflects on the importance of agencies sharing information but acknowledges that in practice information and concerns tend to flow to social work from other agencies. In examples she gives around information sharing between education and social work, both agencies acknowledge that they share information to enable other professionals to have a 'full picture' of the child's experience. The inference throughout her findings is that health, education, and others feel that social work due to their status as lead professional are the agency who are expected to act to address the concerns when all the information is pieced together. Thomson (2011) concludes with the hypothesis that there is a hierarchy in terms of which agency has responsibility for assembling all information to underpin analysis of need and risk, with multi-agency decision making occurring only at the highest level. To reach a CP case conference, planning meeting

or other multi-agency decision making forum, there have been several assessment points and decisions made by a single agency before the decision is ever made to proceed to a multi-agency decision making forum. This can be considered a disjuncture in practice as although policy seems to lean heavily on multi-agency working and information sharing to support decision making, in practice social work are defined as the lead professional (GIRFEC) and as such have responsibility for completing investigations and care plans determined by multi-agency decisions.

Concerns were highlighted by Souhami (2019) about multi-agency working resulting in blurring of professional boundaries and implications around erosion of professional identity for social workers. The definition of case management outlined below by Little et al. (2013) mirrors some of the concerns noted around the role of the health visitor with findings from a Scotland-wide staff survey as part of an evaluation of the universal health visiting pathway. This suggested that some Health Visitors (HVs) feel that implementation of the Children and Young People (Scotland) Act 2014 has resulted in the Scottish Government making the HV role one of simply assessing and referring to support services to carry out face-to-face work with families (Scottish Government 2015). Given that there is evidence to suggest that both HV's and social workers feel similarly frustrated, this highlights that multi-agency working, and skill mix within HSCP's, may not be as well established in practice as may be suggested in both policy and literature.

Akehurst (2015) carried out a literature review from a HV perspective around the identification of neglect. She identified forty-four relevant pieces of literature. Within this, she considered use of the GCP2 and concluded that use of the tool could support HV's in making referrals to social work where concerns around neglect were evidenced through use of the tool. Her main conclusions acknowledge that health visitors have a significant role in identifying child neglect due to universal contact with families within their own homes, and HV's specialist knowledge of families, and their additional training around risk factors and signs of neglect. She also noted that multi-agency training, reflective supervision and, joint visiting supported by use of chronologies and assessment tools/ frameworks provided support to professional practice around identification of child neglect, as highlighted in the learning from SCRs and LR's, however, these may be more aspirational rather than embedded fully in practice.

Hicks and Stein (2010) examined multi-agency working in the context of neglect and while this was from an adolescent perspective, the principles can be extrapolated to multi-agency work with children of any age experiencing neglect. Their conclusions

mirrored that of Akehurst (2015); that effective multi-agency work was underpinned by professionals building working relationships which are founded on understanding and appreciation of other's legal responsibilities, agency guidance, policies and procedures, respective roles, and agency capacities.

Anning et al. (2006) argued strongly that co-location with an ethos of 'co-participation' underpinning multi-agency working is effective in supporting the working relationships outlined above because this allows development of shared goals and policies and procedures. Since the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014, Pearson and Watson (2018) suggest there are a lack of policies and organisational structures to embed co-location successfully, but highlighted areas of progress and noted that this way of working has potential to reduce tensions around variations in roles and responsibilities, resulting in less erosion of professional identities which was highlighted above as problematic when exploring professional thresholds around child neglect and may therefore impact positively on thresholds around decision making. Luckock et al. (2017) however argue that there was no clear evidence of the efficacy of models underpinning multi-agency working, particularly so when the outcome measured is improvements in care received by children and young people. There is some evidence within the literature around the benefits to staff of multi-agency working, which suggests will improve outcomes for children and families. Holmes and McDiarmid (2014) highlight the value of the lead professional in reducing tensions around allocation of professional authority in multi-agency working. This is embedded throughout the GIRFEC framework.

Helm (2010) reflects on this hierarchal structure of information sharing and multi-agency working and the barriers to effective multi-agency information sharing this may cause. Examples noted include the impact of a previous interaction where a professional has attempted to share concerns with social work but feel that their concerns have not been adequately addressed, or they have been told that the child protection threshold has not been met. Helm (2010) considers the impact of this on future referrals that professionals might make to social work. It follows then that this communication will impact on that professionals own individual threshold for referring to social work in the future it could be argued that in the case of child neglect this is even more complex. As neglect can be seen by practitioners as less of an immediate risk to children and young people than other forms of abuse (Bullock et al. 2019), it is reasonable to anticipate that in some instances a 'watch and wait' approach may be taken rather than that of immediate action to safeguard.

Whilst it is acknowledged that professional hierarchy in relation to child protection professional may exist, Helm (2010) suggests that each agency may view their role and sphere of practice around the child as the most important. This may be resolved by adoption of a genuine ethos of co-participation, however Octarra, 2018 highlights that professional insecurity can be a significant barrier to multi-agency working.

Sommerfield (2019) explores multi-agency working from an education perspective in the context of child neglect and highlights the importance of the role of teachers in identifying neglect as teachers are usually the professionals who see the child for the longest periods of time. Within their research, the theme of insecurity during multi-agency working is explored. The hierarchy of professionals is noted again here, with a theme of lack of understanding by the agency leading in the process, of the roles and sphere of competency of education staff. One of the themes highlighted repeatedly within the work at Sommerfield et al. (2019) was that of blame. Specifically blame towards public sector staff (social workers and teachers) when a negative outcome is noted for a child or young person. It is hypothesised within the study findings that this fear of blame has the potential to result in defensive practice. Parton (2016) noted that the media has portrayed social work to the public in a negative fashion by highlighting cases where outcomes were not positive, however he opines that this viewpoint should be challenged, given the complex social and political landscape within which social workers operate, as there is a danger that it will result in a narrowing of perspective within policy development.

Sommerfield (2019) concluded that defensive working can be influenced and underpinned by a perceived lack of compatibility between the professional identity of teachers and the role of the teacher in working within a multi-agency team. It was concluded that this lack of compatibility could present a challenge for teachers potentially causing suspicion and defensive practice, leading to low motivation to adapt to changes within the professional environment, particularly in relation to multi-agency working. It concluded that if the expectations around roles within multi-agency working can be effectively challenged and adapted in response in defensiveness this could lead to more cohesive practices.

Clark and Geppert, 2011 suggest that lack of trust between professionals also has the potential to result in misunderstandings and can underpin professional resistance as teachers may avoid or deflect opportunities to participate in multi-agency working. In the context of child neglect this could be catastrophic because teachers hold vital information which would underpin analysis and identification of child neglect. The

challenges of multi-agency working specific to neglect are explored by Bullock et al. (2019) who suggest that despite moves towards frameworks which focus on consistency of assessment and intervention, differences in understanding and priorities in relation to neglect persist. They also reflect on the multi-faceted presentation of that child neglect and its co-existence with other adversities including poor mental health and domestic abuse. They highlight that a consequence of this is a likely increase in the number and breadth of professionals as part of the Team With The Family which can lead to increased potential for professionals to have different priorities, which is a barrier to the development of shared goal setting. Fleming et al. (2014) conducted primary research to explore the role of experience in social work risk assessment. They found that risk assessments carried out by qualified social workers were affected by the perception of being blamed for a negative outcome, but students' judgements were not. They conclude therefore that reputational risks to qualified social workers influence assessments of risk, which fits with the definition of defensive practice.

Bullock et al. (2019) also found that a significant proportion of studies exploring the challenges noted by professionals when identifying child concerns, do not differentiate between abuse and child neglect. Within the literature, there has also been a focus on learning from SCRs, which provides an insight into how professionals responded in the most significant instances rather than in their routine intervention and assessment of children and young people. Brandon et al. (2009) note this gap and emphasise that the focus of research should shift to explore more routine professional work around child neglect.

Pithouse and Crawley (2016) noted that multi-agency working was one of the most significant barriers to efficacy in professional practice around child neglect. They support the case for an increased focus on integration and co-location of services, secondments across agencies and they highlight the need for protected time and opportunities for professionals from different agencies to reflect on decisions and thresholds in cases where child neglect is an area of concern.

iii. Professional thresholds and decision making in relation to child neglect

The question formulated to focus this strand of the literature review is: what factors impact on professional decision making around the thresholds of harm and significant harm in relation to child neglect?

Table 7: PIO framework on professional thresholds and decision making around child neglect

POPULATION	Professionals in Scotland/UK working with families where child neglect is an area of concern
INTERVENTION	Factors impacting on professional decision making around the threshold of significant harm in relation to child neglect
OUTCOME	Improvements in one of the following areas: Identification of neglect Evidencing neglect reaching the child protection threshold Decisions made around the threshold of risk or harm

Thresholds for multi-agency and social work responses to concerns and allegations around child abuse and neglect have been debated and considered within social work research both historically and contemporaneously (Brandon et al., 2008, Platt, 2006). Platt and Turney (2014) warn however that prior to any discussion or exploration of professional thresholds and the implications of these on outcomes for children, a clear understanding of what a threshold is, and what it means for decision making is essential. Platt and Turney (2014) suggest that in the UK a technical-rational model underpins use of thresholds, which they suggest does not offer opportunity for professionals to make holistic and individualised decisions. Sicora (2017) highlights that professional reflection and learning from mistakes made in practice has the potential to be a powerful aide in considering thresholds within decision making. Kinsella (2007) suggests this echoes the viewpoint of Schon's seminal 'reflective practitioner' (Schon 1979) which emphasises the importance of reflective practice within professional practice, but it can be argued that the technical-rational model

utilised by professionals within Scotland does not sit comfortably within an ethos of reflection and learning from mistakes. The level of consideration and debate afforded to the issue of thresholds within social work literature led Platt and Turney (2014) to conclude that the discussion and exploration of thresholds is reflective of the perspective that abuse and neglect are socially constructed phenomena rather than hard facts which would be agreed on by all.

The distinction around the threshold to classify a concern as child protection rather than child in need or child wellbeing has also been analysed and found to be a contributory factor in SCRs. Historically, the face of child protection was impacted dramatically when Laming (2003) identified professional thresholds in the case of Victoria Climbié as a contributory factor in the failure of care plans implemented, to adequately safeguard her. Laming noted this occurred because professionals assessed her as being 'a child in need' rather than 'a child in need of immediate protection.' Brandon et al. (2008) acknowledged that when reviewing adverse events in relation to neglect, the threshold for invoking child protection processes was rarely met leaving children exposed to harm without the level of professional accountability that child protection processes demand. They also highlighted 'start again syndrome' (Brandon et al. 2008 p313) which they described as repeated cycles of intervention with little or no demonstrable improved outcomes, but also no significant incidents triggering the child protection threshold. This results in a situation where the CP threshold is not reached, but the child remains subject to chronic neglect thereby resulting in significant harm. Allnock (2016) argues that organisational structures in the UK have a focus on proven harm rather than potential harm which can be a barrier to the investment in early intervention services.

Stokes and Taylor (2016) carried out research in Canada with the aim of understanding child protection decision making in the context of child neglect. They explored social work responses to fictional case studies outlining harm to children. and the findings suggested that where child neglect was documented as the risk the child was exposed to, this resulted in a lesser response by the participants with observable injuries or events receiving more professional attention than harm that is less immediately visible. They concluded therefore, that there is a tendency for professionals to perceive child neglect as less serious than physical or sexual abuse. Although the study was not undertaken in the UK, the researchers emphasise that due to the broad similarities in the child protection systems, the findings are relevant to exploration of professional decision making on neglect, although given the unique use

of the Children's Hearings System in Scotland, this requires caution. Their conclusion, however, provides further evidence of a correlation between lower level of risk perceived around child neglect and lesser levels of professional assessment and intervention. This is not a new perspective within the literature, as Wilding and Thoburn (1997) explored referrals made to children's social work teams in England and concluded that referrals relating to neglect were afforded less priority than other referrals as they found that 61% of referrals for neglect received no further action from social work, compared to only 30% of referrals relating to physical or sexual abuse. Furthermore, a report published in 2013 suggested that 60% of social workers reported that they had experienced managerial or organisational pressure to "downgrade" neglect (Community Care 2013). Brandon et al. (2014 p 7) concluded that 'unlike physical abuse for example, the experience of neglect rarely produces a crisis that demands immediate proactive, authoritative action' which summarises some of the reasoning why neglect may be viewed with less urgency in terms of prioritisation or allocation of workload.

In a recent systematic review by Gibbs et al. (2024) their findings following a review of fifty studies, concluded comprehensively that in social work contexts within both the UK and US, neglect does in fact rank lower in workload priority than other types of abuse. Their review specifically highlighted the challenges of unpicking the impact of poverty and deprivation on neglect, which is discussed in depth later in this paper. Taylor et al. (2024) also identified this challenge and highlighted the importance of practitioners in strengthening their understanding of the differences between poverty and neglect. This is explored in more detail in chapters six and seven.

Little et al. (2003) highlighted that part of social work role can be described as case management which suggests that a lot of face-to-face work will be carried out by support workers or other agencies. This could be particularly true in complex and chronic cases of child neglect where services have to 'scaffold' a family long term. Moriarty et al. (2015) highlighted tasks and responsibilities which can only be carried out by qualified social workers which are predominantly activities which would be considered higher tariff in terms of child protection and permanency planning. In the context of child neglect this allows the possibility then that a social worker is effectively overseeing work to improve outcomes for the child by addressing the neglect sustained, and collating and assessing information gathered from external sources and agencies. This represents a very different landscape supporting decision making around thresholds of risk and vulnerability than a case where a social worker has

carried out an investigation and assessed risk and vulnerability directly. It can therefore be hypothesised that this variance has the potential to result in disparities in decision making around the threshold of significant harm relating to child neglect. Daniel et al. (2011) highlight this phenomenon and suggest that if early intervention becomes more widely embedded in the jurisdiction of universal services, then social work may ultimately only work with cases judged to require compulsory measures. The evidence suggests that cases of neglect require this level of intervention less frequently than other types of abuse or neglect which again may lead to risk of social workers becoming deskilled in decision making around thresholds in cases of neglect.

Lutman and Farmer (2013) studied the factors which contribute to outcomes for neglected children who are reunified with their parents. They found that in the 108 family records they reviewed that 40% of cases were closed by social work despite documented evidence of ongoing concerns. One of the themes that they identified within the study was that of professionals minimising or normalising neglect due to its chronic nature becoming accepted. A further theme was that of assessing and addressing individual instances of neglect (i.e., poor school attendance or missed health appointments) as isolated incidents rather than analysing the cumulative impact of neglect. They concluded that due to complexities and challenges of working with neglect, effective professional management of the case is essential in improving outcomes for children.

The literature review has highlighted that while thresholds are a commonly debated area of professional practice, in the context of child neglect (given its complexity and often chronic presentation), defining thresholds becomes even more challenging. This study will explore thresholds with a range of professionals working in Scotland with the aim of exploring and understanding thresholds around decision making in relation to child neglect.

e. Theme Three: Caregiver factors

i. Family and caregiver's perspectives on child neglect

The question formulated to focus this strand of the literature review is: what are the perspectives and lived experiences of families, children, and young people in relation to child neglect?

Table 8: PIO framework on family perspectives on child neglect

POPULATION	Families in Scotland/UK where a professional has identified concerns relating to child neglect
INTERVENTION	Statutory or voluntary professional input
OUTCOME	Establishment of a professional relationship Engagement with professional interventions

ii. Parents and caregiver's experiences of working with neglect

Jackson et al. (2016) conducted a study in Scotland involving eleven parents whose children's names were placed on the child protection register. A key theme emerging from their data was parental disagreement or confusion regarding the professional assessment of concerns. Given the complexities and contested thresholds surrounding the identification of significant harm in cases of neglect, it is unsurprising that parents may struggle to understand or accept such assessments. The study concluded that where interventions were perceived positively by parents, they were underpinned by the development of effective, therapeutic relationships with professionals.

As noted above when outlining the parameters of the literature review, given the limited availability of UK-specific research on family perceptions of neglect, this section of the literature review incorporates findings from several US-based studies which were noted to have particular relevance in understanding parent perspectives on neglect. Sykes (2010) investigates the stigma faced by mothers accused of neglecting their children, using what is described as a symbolic interactionist framework to analyse interviews with sixteen mothers and sixteen child protective service caseworkers. Study findings highlight that these mothers often experience social disadvantage, which contributes to a sense of vulnerability. Sykes argues that this disparity fosters a social distance between professionals and mothers, creating a power imbalance rooted in differences in education and financial stability. This imbalance can negatively affect a mother's sense of identity, particularly as many strive to be seen as "good mothers." Forrester et al. (2019) support this view, noting that authority dynamics between professionals and families can generate tension. When professionals expect

deference, they may interpret a family's behaviour as disengaged or uncooperative. Sykes (2010) also observed that few mothers accepted the professionals' assessments of neglect as valid evaluations of their parenting. Furthermore, she grouped the strategies used by the mothers to attempt to maintain the identity of good Mother into four themes. These were: mothers rejected the label of neglectful by asserting their parenting skills; mothers distanced themselves from other mothers who had been labelled as neglectful; mothers deflected from the issue of neglect by criticising professional assessment and standards; and finally, mothers displayed resistance to professional input and intervention. These themes and research findings will be utilised during semi-structured interviews with mothers within this study, when I explore their views and experiences of working with professionals in relation to child neglect.

The issue of authority is further studied by Smithson and Gibson (2015) in their research exploring parental experiences within the child protection (CP) system. Although not focused exclusively on neglect, their findings are relevant: six of the nineteen participants highlighted the impact of power imbalances between professionals and parents, which led to feelings of disempowerment and limited influence over the planning processes intended to improve outcomes for their children. Reimer (2013) however argues that parental resistance to professional engagement may represent a protective response. Rather than viewing such resistance as non-cooperation, Reimer argues it can be understood as a legitimate challenge to the expectation that parents should readily form relationships with professionals who wield significant influence over their lives and those of their children. This theme of trust is echoed in Smithson and Gibson's findings, where both parents and professionals noted that once a trusting relationship was established, parents became more attentive and responsive. Notably, eight of the nine parent participants reported a greater willingness to engage openly with professionals about the underlying issues contributing to neglect.

iii. Hearing the voices of children in Scotland and their understanding and experiences of neglect

In Scotland both legislation in s16 and s22 of the Children (Scotland) act 1995, and policy in the GIRFEC framework outline that a child-centred approach is crucial to effective work with families. The Munro (2011) report emphasised the difference between "doing the right thing" for the child and "doing things right" from an

organisational and process perspective, noting there is often a tension between the two.

There is an absence of UK based research exploring children and young people's views and experiences of neglect and although there have been some studies capturing their experiences of involvement in CP processes, given the formality and urgency of CP processes, these may not be comparable to early intervention work to address neglect. It is clear however, that the voice of the child should be reflected in all assessments, reports and decision-making fora in relation to them. Analysis of themes however arising from SCRs suggests this practice remains poorly embedded in Scotland. Locally, in an attempt to combat this, North Ayrshire Child Protection Committee (NACPC) has a focus on increasing the voice of the child throughout the child protection process and conducts quarterly analysis of the number of child protection investigation reports which meet defined criteria indicating that they represent the child or young person's views. They also carried out a small piece of qualitative research where ten young people were interviewed about their experiences of child protection processes and meetings. Their findings highlighted that although improvements in practice have been noted, there are still a substantial number of times where the views of a child or young person are not represented or are only represented in a tokenistic manner. NACPC indicates that the findings will be used locally to make further improvements to practice, and the findings are being disseminated locally via practice reflection improvement short modules (PRISM) which are described by Ingram (2018) as a model of learning which creates safe spaces for practitioners to allow for open reflection and learning from local practice. There is a growing emphasis within Scottish policy to support professionals to consider the voice of infants who are not yet verbal via understanding and analysis of their lived experiences. The Voice of the Infant: best practice guidelines and infant pledge (Scottish Government 2023) were designed to support both practice and policy by enabling infants to actively participate in their care and decisions around care by encouraging use of tools and mechanisms to enable professionals to understand and capture their views.

Horwath and Tarr (2014) emphasise the importance of professionals understanding the experiences and perspectives of the child subject to neglect is crucial, given the complexities and multi-faceted presentation of neglect making it vital for professionals to invest in reflecting the priorities and wants of the child within their assessment and planning.

Rees et al. (2011) carried out focus groups with young people aged 12-24 to understand what neglect meant to them. They found that the definitions and meaning of neglect expressed by young people was broad and encompassed emotional neglect, namely excluding children or favouritism or not being aware of children's feelings, alongside physical aspects of neglect. Conversely Cossar et al. (2013) evidenced that young people aged 11-20 in their study lacked clarity around the definitions of neglect. Burgess et al. (2014) echo this theme and acknowledge that children who have been exposed to neglect may find it more challenging to define their lived experiences as neglectful. Burgess et al. (2014) explored neglect within research of young people and concluded that if exposure to neglect has been chronic then the child or young person may not be able to articulate concerns as they will have no alternative perspective or understanding of adequate levels of care and how this differs from their own experiences. Daniel et al. (2010) demonstrated by way of a systematic review, that the biggest gap in research and evidence around child neglect related to views and perspectives of children, young people, and their families. This is a clear contrast to the GIRFEC-based policy which puts children at the centre of systems. It is suggested that this cannot effectively be achieved unless policy in relation to addressing child neglect is underpinned and informed by the views of children.

This literature review therefore provides clear justification for the proposed study, which will explore families understanding of child neglect and will contrast this to professional understanding. This will allow exploration of the impact of any disconnect on the efficacy of professional work with families in reducing the impact of child neglect.

f. Scotland specific research on neglect and the link to adverse childhood experiences (ACE's)

Carrying out a comprehensive review of the literature on the impact of child neglect is outwith the scope of this study, however as this study is set within Scotland and explores child neglect within Scotland, it is proportionate to review the most contemporaneous literature relevant to child neglect which underpins the Scottish Government's stance on becoming an 'ACE aware nation'.

There is an emerging evidence base of studies carried out in the United States exploring the relationships between ACEs and child abuse and neglect. Crouch et al. (2020) carried out research in two US states exploring the correlation between ACEs and toxic stress, with a particular focus on poverty and the impact of living in poverty

on stress levels. Their review of case files highlighted that 92% of families with a documented history of chronic neglect reported financial pressures which led the researchers to consider if living in chronic poverty should be included as a defined ACE. They also highlighted the impact of community factors emphasising the value and potential of what they describe as 'high opportunity neighbourhoods' (Crouch et al. 2020 p 5) which are safe neighbourhoods with access to well-paying employment opportunities and high-quality education.

In Scotland there is a continued move towards becoming an 'ACE aware nation' (ACE Aware Scotland, 2018, Zeedyk 2021). NHS Health Scotland co-ordinate a multi-agency ACE's hub with support from the Scottish Government to consolidate research around ACE's and consider how to address them within practice. It appears that at both governmental and local level, tackling neglect appears with increasing frequency in policy. The Programme for Government 2018-2023: Delivering for today, investing for tomorrow (Scottish Government, 2018) includes a commitment to continue to drive forward a programme of action to tackle ACEs and address child neglect in Scotland. Despite the recent focus on ACE research underpinning policy, some emerging research has begun to question both the validity of some methodologies and findings and the extent to which the findings influence policy development (Edwards et al. 2017, Spratt et al. 2019). This study findings provide local evidence specifically exploring the effects of child neglect and ACEs whereas previous studies have researched the impact of neglect alongside other forms of child abuse.

Couper and Mackie (2016) highlighted the impact of ACEs on individuals, families, and communities within Scotland which they have divided into four categories: injury and death in childhood, premature mortality and suicide, disease and illness and mental illness which all affect individuals and families. A positive correlation linking increased exposure to ACEs and negative impacts on the wider social determinants of health has been noted; this including education, employment and poor income maximisation, all of which have the potential to impact on communities, and without appropriate supports, the effects of which could be multi-generational. Dubowitz (2018) concurs that because neglect is a cumulative form of harm it may be perceived as less damaging than other forms of child abuse. However, since the research movement around ACEs has developed significantly, it could be argued that there is no longer any ambiguity around the evidence base outlining both the long- and short-term impact of child neglect. Folk et al. (2023) provide some challenge to the ACEs framework suggesting the framework relies more heavily on meso-level or family level factors, while taking

less account of community or exo-level factors, which is disconnected from the GIRFEC framework and National Practice Model, which are rooted in Bronfenbrenner's (1986) ecological model of human development which emphasises the importance of such exo-level factors, and the importance of which are heavily explored within my study.

The findings from research carried out in Canada in 2016 advocates a trauma informed perspective to intervene and address child neglect (Milot et al. 2016). Hamilton-Giachritsis (2016) concur and report that to fully understand the extensive impact of neglect on child development, neglect should be considered from a traumatic stress perspective. It is noted within the Milot et al. (2010) study that there is a gap in evidence exploring the link between child neglect and what they describe as 'trauma symptomatology' (Milot et al. 2010 p227), with acknowledgement that most studies have a focus on abuse perpetrated by commission like physical or sexual abuse rather than abuse which is perpetrated by omission such as neglect. A small study (Widom 1999) suggested that 31% of participants exposed to child neglect met the criteria for a diagnosis of PTSD during their lives which again provides further evidence to corroborate the long-term impact of child neglect. The Scottish Government has invested via Programme for Government, in the National Trauma Transformation Programme (NTTP) which aims to support all staff working in public sector organisations in Scotland to operate at trauma informed level at a minimum. The framework of training and resources underpinning the NTTP is rooted in developing understanding of the impact of ACE'S and trauma, and although not specific to neglect, the NTTP also clearly identifies both physical and emotional neglect as ACEs.

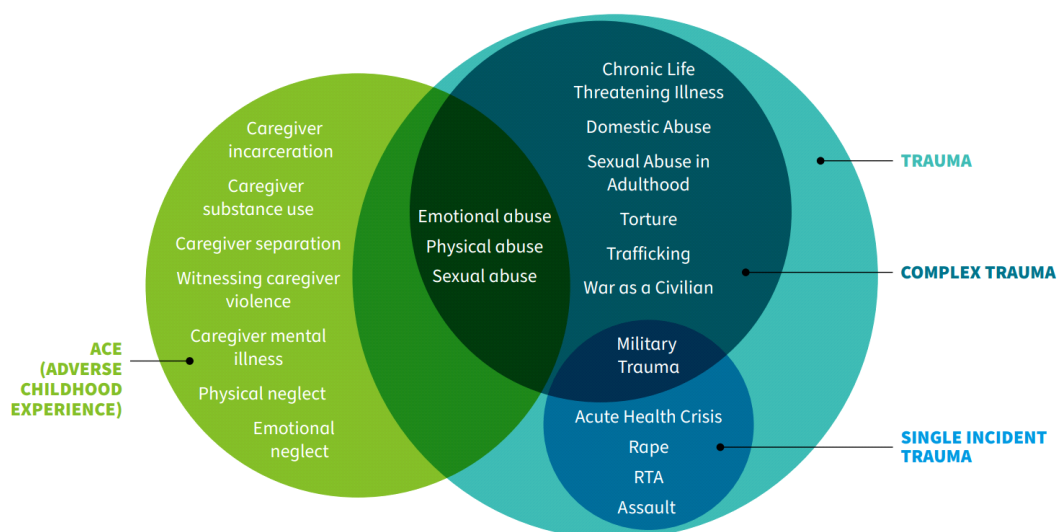


Figure 3: NTTP Psychological Trauma and Adverse Childhood Experiences ACEs VENN Diagram

Arguably during the initial phase of the ACEs movement in Scotland, the research was biased in that the findings around ACEs and particularly the impact of this on practice was not challenged or considered from varying perspectives and it was suggested that the focus on ACEs aimed to “regulate disadvantaged families to ensure that they act in ways deemed acceptable by family ‘experts’ and policy makers” (Hartas 2014, p. 90). While acknowledging the underpinning foundation of the ACEs movement, which is the understanding that childhood adversity can have lasting physical, emotional and social affects, Walsh (2020) explores the relationship between the body of research on the impact of ACEs and opines that “ACEs have gained the broader status of a heuristic model” (Walsh 2020 p 457) which he argues has resulted in significant changes being made ‘unthinkingly’ to policy and practice without adequate critique or challenge. It is suggested that framing ACEs as a public health issue has not resulted in links in the research between socio-economic positioning and ACEs (Walsh et al. 2019) that exist between child abuse and neglect and socio-economic positioning. This is argued to result in a model which has potential to frame social and community issues as family problems.

g. Neglect of neglect?

Allnock (2016) opines that at the time of writing neglect was the least studied and least understood form of child maltreatment. This opinion appears to be based on literature reviews completed in 1999 by Kaplan et al. and 2015 by Hovdestad et al. Daniel et al. (2012) carried out a highly comprehensive literature review as outlined above and some of their findings were updated in 2018 as part of a series of rapid reviews commissioned by the Scottish Government (Scott and Daniel, 2018) and subsequently, they provide a baseline for the body of contemporaneous literature reviews within Scotland around child neglect. As outlined above, the Scottish Government appear to be acknowledging child neglect within policy as a key area for development. To support this effectively however more Scotland-specific research around child neglect is needed.

Within Scotland, professional work with children and families is unique given the interaction between the CHS, the courts and LAs. Practice is underpinned by GIRFEC, and the Children and Young People (Scotland) Act (2014) and the Children’s Hearing Act (2011). More research to understand professional experiences of working with child neglect in the context of this legal and policy background is needed to support

development of future policy that is underpinned by professional experience relevant to practice in Scotland.

It must also be noted that children and young people of all ages and circumstances are subject to neglect, and this literature review has identified that there appears to be a focus on funding and subsequent availability of intervention during the early years as there is an extensive evidence base outlining the significance of this period in establishing secure attachments (UK Parliament, 2019). There is also a growing evidence base around neglect in adolescence and the challenges this presents (Hanson and Holmes, 2014, Raws, 2016). However, there appears to be a gap in the analysis of and drive to tackle neglect in primary school age children. Raws (2019) however argues that despite the growing evidence base, there is still a notable gap in research related to neglect in the 11-17 age group and that those studies published to date do not have the level of rigour within their methodologies that is needed to allow their findings to be widely generalised. These gaps will be addressed and considered during this study.

In relation to ACEs, the literature review highlights an important and acknowledged gap in the ACEs literature in that the public health approach adopted to drive policy and practice in Scotland in that the role of socio-economic positioning and the role of communities is not duly considered. Given the national practice model, specifically the My World Triangle is rooted in an ecological systems approach to assessment of need, vulnerability, and adversity. This is an important disconnect which will be considered throughout my study.

h. Development of my research questions

As Alvesson and Sandberg (2024) note, during a PhD journey, minor tweaks and changes to the proposed research question are common. Indeed, White (2017) argues that this demonstrates development of the researcher as understanding and engagement with methodologies and the body of relevant literature deepens.

Although my study design is multi methods, as emphasised the qualitative data, particularly the IPA is the central tenet of my study, and as such it is important that the research question recognises this and supports the study findings to provide a comprehensive answer to the research question and any sub questions developed.

On commencement of my studies, my initial research question was:

'What social and demographic factors contribute to the scale and spread of child neglect within Ayrshire & Arran and how do these factors influence professional and families understanding and experiences of the identification and management of child neglect?'

During my first annual progress review (APR), feedback suggested that my methodology would be strengthened by additional clarity, so my initial research question was reassessed resulting in the revised 'working' research questions and sub questions, to ensure that both more clearly reflected both the overarching aim of the study, and the qualitative driving force underpinning the methodology. Through supervision, it was acknowledged that as highlighted by Doody and Bailey (2015) consideration of the research question is an iterative process and therefore these may be developed to reflect emerging knowledge and understanding as the study progresses. White (2017) suggests however that investing time in developing the research question early in the study process will guide the literature search process and ultimately save time by focussing the quest for underpinning literature. In my case, although my research question did evolve, the foundational components didn't change meaning that the literature search results carried out initially remained valid, although were updated as my study progressed to ensure the findings remained contemporaneous and reflective of the current and changing body of research on child neglect, but the updates were not as a result of the minor changes to my research question.

Following my first APR, I adapted my initial research question to the following working research question:

'What social and demographic factors influence how professionals and families construct their understanding of child neglect?'

It was at this point that given the complexity of my study design and volume of findings likely to be yielded, that the three sub-research questions were developed. Bryman (2016) highlights the value of sub questions in breaking down complex research questions and focusing the data analysis to ensure that the research question is comprehensively answered, with the caveat that there

must be a clear thread linking all components of questions and sub questions. Although Agee (2009 p 444) cautions not to 'pack questions with sub-questions', the development of sub-questions immediately felt comfortable to me and strengthened the links between the aims and objectives of my study and my research question(s). This also allowed me to work systematically through each question, answering each in turn from the data yielded in the associated strand of my study design with the integration point of my data allowing findings to be analysed and conclusions synthesised to fully answer the research question.

As I developed as a researcher and strengthened my knowledge of research methods, particularly IPA, and after attending an IPA workshop hosted by Vicary and Ferguson, my final research question was confirmed as:

'How do social and demographic factors influence how professionals and families experience and understand child neglect'

This research question meets the required characteristics outlined by Bryman (2016) in that it is clear and easily understood, it is researchable using the associated study design, and it can yield an original contribution to the literature as will now be outlined.

i. Conclusion to Literature Review

This scoping literature review has provided an overview of the existing body of evidence underpinning professional work around child neglect. It has identified gaps and raised questions which have not been effectively answered by reviewing existing literature on the topic.

This scoping review has identified several significant and persistent gaps that restrict the growth of holistic understanding of child neglect and directly justify the need for my study. Despite neglect being the most common reason for child protection registration in Scotland, there is a striking lack of robust, Scotland-specific empirical research exploring how professionals actually recognise, interpret, and respond to neglect within the policy and legislative context of GIRFEC the Children's Hearings system.

Much of the existing evidence base is drawn from English or international contexts, raising concerns about its applicability to Scottish practice. The review also highlighted a profound absence of research capturing the lived experiences of children, young people, and families; indeed, the review confirms that this remains the biggest gap in research and evidence around child neglect, leaving policy and practice heavily shaped by professional rather than familial perspectives.

The review further highlighted that although assessment tools such as GCP2 and the Neglect Toolkit are widely used, their evidence base is methodologically weak, often evaluated within small scale local audit and evaluation processes, or completed by organisations with vested interests, which raises critical questions about the validity and reliability of tools that influence crucial decision making around neglect.

Additionally, the literature continues to focus disproportionately on cases via SCRs and LRs, meaning that everyday professional practice where thresholds are negotiated and neglect often remains “hidden” continues to be poorly understood.

Finally, although poverty is increasingly recognised as a structural driver of neglect, the literature still fails to interrogate how systemic inequalities shape both parental capacity and professional constructions of neglect.

Taken together, these gaps reveal a disconnect between Scotland’s policy ambitions and the limited empirical foundation underpinning frontline practice, reinforcing the necessity of my study.

4. Chapter Four: Methodology and Methods

a. Introduction

This chapter situates the methodological approach underpinning the study design, with a focus on the theoretical frameworks driving the methodology. The researcher positionality is also explored in depth throughout. The chapter then concludes with an overview of the methods used for data collection within each strand of the study.

i. Ethics and integrity of research processes

In the context of research, ethics are "the standards of behaviour that guide your conduct in relation to the rights of those who become the subject of your work or are affected by it" (Saunders et al. p 239). Given that the study is exploring child neglect, which is a sensitive and emotive topic, ethical considerations are at the heart of all decisions and practicalities within the study design, data collection and analysis. This section will summarise the ethical approvals obtained for the study and some of the broad ethical issues underpinning the methodology and research design, but the ethical considerations driving data collection and analysis are explored in detail within chapters, five and six.

Research ethical considerations can be broadly separated into two categories: integrity of research processes which incorporates what Guillemin and Gillam (2004) describe as procedural ethics and ethics in practice, and protection of study participants and those impacted by the study.

To ensure robust adherence to ethical processes, research approval was sought in the first instance via The University of Stirling NHS, Invasive or Clinical Research Committee (NICR) which is a panel tasked with considering the ethical implications of any research which is likely to require NHS Research Ethics Committee approval. The study was submitted and approved. Paperwork can be seen in appendix two.

Following this, the processes within the Integrated Research Application System (IRAS) commenced, culminating in submission of a completed IRAS form to the West of Scotland Research Ethics Committee (REC). Following a few minor amendments, ethical approval was obtained. Paperwork can be seen in appendix two. The REC was a challenging process, as it is very clinically focused, and the panel comprised sixteen members of the REC and was chaired by a consultant in Anaesthesia and Intensive

Care. Other members of the panel had professional backgrounds and medical clinical expertise. This served to feel intimidating for several reasons, firstly my background in midwifery forces me to acknowledge the hierarchy within medicine and healthcare. Essex et al. (2023) confirm that healthcare systems exist in a clear top-down hierarchical manner structure based around the ranking of staff by level of authority. The impact of this is well researched, with it being noted that the hierarchy can lead to power imbalance, dominance resulting in staff considered to be more junior feeling unable to speak up or out or challenge those in authority (Green et al. 2017, Noyes 2022, Essex et al. 2023). Reflecting on the experts who comprised the REC panel, within the hierarchical NHS structures, I with my registration as a midwife and public health nurse would inherently be considered lower in status than the panel. While in practice, I have gained a level of experience and skill which enables me to advocate well within the hierarchy, I was conscious that I lacked expertise or experience in research, as I was at the start of my PhD journey, and this coupled with the sense of being low in the hierarchy lead to me feeling intimidated by the process.

The second area of tension was that I felt it was notable that no-one in the panel appeared to have expertise in public health or the social determinants of health, or even child protection. I was concerned this may lead to the panel lacking in understanding of the purpose of my research, given that it could be assumed that most of the panel would inherently be drawn to a positivist ethos given their medical and clinical expertise. As it was, there was a wealth of helpful discussion during the panel, and areas that I had expected to be challenged were not, and indeed I was challenged on my initial proposal of excluding participants with a history of mental health issues. I had excluded this only because I anticipated that I would not receive ethical approval to include this group as potential study participants, but as the chair pointed out, I was reducing both the generalisability of any findings, but more importantly, I was reducing the autonomy and empowerment of this participant group, which did not fit with the principle of justice in research which refers to treating all potential participants fairly in every part of the study design. (Schneider and Fuller 2018). My study design was revised following the REC panel discussion and subsequently full approval was received.

Protection of study participants can be described as beneficence (Schneider and Fuller 2018) which is one of the key tenets of both healthcare practice and research involving patients or service users and ties in clearly to the concept of informed consent which has been described as 'the operationalisation of the ethical principle of respect for

persons (Powers and Knapp 2012 p 87). Given my background in midwifery, I had felt that the concept of informed consent is a well-established principle for me, as my undergraduate education supported me through a critical analysis of consent, and the importance of truly informed consent rather than obtaining consent through tokenism, or misinformation or coercion. Although the robust process of the REC paperwork and panel assured that my study design facilitated informed consent throughout, I reflected on my assumptions around my practice in this area in the context of a growing sense that women are not always listened to meaningfully by professionals during their pregnancies and births (Okendon review). A recent study by Elf et al. (2024) found a trend of midwives in the UK displaying overconfidence in their consenting practices whilst simultaneously lacking in foundation knowledge around the legalities of consent. This again highlights the importance and benefits of the rigid and robust ethics processes involved in participatory research studies.

ii. Researcher positionality

When reflecting on my own development as a researcher and my experience of research both within my undergraduate and postgraduate studies, I understand why I am drawn to use of a pragmatic paradigm. My initial undergraduate studies were in Chemistry, where positivism was entrenched, given it is a physical science with a focus on proving hypotheses and striving for rigour in experimental data. Completing my BSc in Environmental Chemistry gave me a grounding in quantitative data and I remain committed to incorporating this within my research designs because I believe that it does have a key role in supporting understanding of context. My next undergraduate study was Midwifery and my focus during this was on developing and embedding reflection into my thinking and clinical practice. Taylor (2017) opines that reflective practice is a foundation of the critical thinking required to support healthcare professionals to deliver safe and effective care. Reflection supports identification of challenges or barriers to care delivery and crucially enables critique and solution-focused thinking to identify ways to improve outcomes delivered within clinical or social healthcare settings. Within healthcare, reflection is often cited as a mechanism for linking theory and practice to support evidence-based practice. Indeed, reflection is actively required for practitioners to maintain professional registration with the Nursing and Midwifery Council (NMC) as their process of revalidation, which they define as the process of renewing professional registration which has an ethos of promoting good practice, as well as strengthening public confidence in the nursing and midwifery professions (NMC 2021). While acknowledging the value of my midwifery education in

enabling me to become a reflective practitioner, the focus on reflection within healthcare is not without challenge or criticism. Rolfe (2014) suggested that reflective practice could be strengthened if the focus was shifted from reflection-on-action, i.e. looking back on events, towards what Schon (1979) described as reflection-in-action, as this has potential to enhance timely, yet considered, clinical decision making. I found this skill crucial as a researcher during interviews in maintaining dialogue and communication, even in challenging situations. More fundamentally, Raddon (2022) challenges the way in which reflection is taught and embedded within healthcare practice, suggesting that “reflection has been reduced to a means of meeting the bureaucratic requirements to evidence reflective practice” (Raddon 2022 p 3). This is an interesting argument given the NMC requirement of evidenced reflective practice. Reflection, however, is not limited to practice reflection, as self-reflection becomes more naturally comfortable as the fundamentals of reflection become entrenched. Self-reflection mirrors the concept within social work of professional curiosity, which is crucial when considering the aims of this study in understanding how we formulate our construction of understanding child neglect. Dewey (1933) noted that reflection is an inherent component of a pragmatic research approach, as he argued that the process of generating knowledge from thoughts always incorporates reflection on previous experiences. Kaushik and Walsh (2019) argue that pragmatism allows for focus on methodology as a link that connects the abstract underpinning concepts, so prominent in social sciences research, to the actual practical methods within research. This allows a shift in focus to the outcomes of the research rather than the underpinning abstract worldview, which feels like a bridge between the theoretical focus found within social sciences and the clinical practice focus noted within nursing and healthcare.

Alongside reflection, my grounding in research during my undergraduate studies was focused on the quest for evidence-based practice. Within nursing and healthcare studies, literature around research processes is often cited as predominantly a mechanism for obtaining evidence to underpin clinical practice, thereby supporting evidence-based practice. During my postgraduate studies in Public Health Nursing and my MSc in Health Promotion and Public Health, the dual ethos of evidence-based practice and reflective practice continued, although my emphasis and interests were tangibly shifting from clinical practice to public health. I was driven by consideration of social inequality and the impact on family health. This led me to begin to develop my understanding of the social determinants of health (Whitehead and Dahlgren 1991) and with this my understanding of research, particularly the value of harnessing learning from lived experience began to develop. It follows, therefore, that on entering

my PhD studies, my outlook on research continued to be outcomes focused. I drafted my initial PhD proposal focusing on what data I could obtain to drive forward further improvements in practice, although this time relating to child neglect. The pragmatic paradigm therefore instinctively felt like the natural approach to underpin my study design.

iii. Mixed methods vs Multi methods

Having used a basic mixed methods design previously in my MSc; I felt familiar with use of mixed methods. Within my study design, a key consideration was the choice between use of mixed methods or multi methods. Mixed methods research designs are defined as 'those which integrate and analyse both qualitative and quantitative data to gain a more thorough understanding of the topic' (Creswell 2014 p215). Ivanovka et al. (2006) outline the benefit of mixed-methods, by suggesting that quantitative and qualitative methods of data collection are complementary, with qualitative data supporting deeper understanding of quantitative data. In this study, although a pragmatic paradigm and mixed methods research design were used, the foundation of the methodology remains rooted in constructivism.

Bressan et al. (2016) noted the increased popularity of mixed methods research in nursing and healthcare, with Doyle (2015) emphasising the value of the mixed methods approach in generating research data from different perspectives, resulting in conclusions which have potential to be stronger than those achieved via single method research designs. Doyle (2015 p 419) however observed that 'on a philosophical level, challenges still exist in justifying the merger of quantitative and qualitative research methods in the same study'. The points raised above by Doyle, highlighting the benefits of use of mixed methods are however also applicable to multi methods research. Therefore, it is seen that within the literature, a debate exists outlining some of the tensions between the classification of mixed methods methodologies and multimethod methodologies. This debate was noted throughout the design and execution of my study.

Multimethod research is defined as research designed to employ multiple data-collection or analytical techniques usually within a single methodological tradition but notably with flexibility around data collection methods and integration points. It aligns well with the pragmatic paradigm because both emphasize methodological flexibility and the primacy of the research problem. Pragmatism's anti-dualist stance and its focus on practical consequences over rigid epistemological commitments provide a philosophical foundation that supports methodological pluralism. Feilzer

(2023) highlights how pragmatism's preference for abduction and its emphasis on utility enable researchers to select methods based on what best addresses the research question rather than on paradigmatic purity. Although pragmatism is most frequently associated with mixed methods, its broader commitment to flexible, problem-driven inquiry also underpins multimethod designs, which seek depth and triangulation without crossing paradigmatic boundaries

b. Methodology and research paradigm

A research paradigm is described as a base of beliefs and values providing a foundation underpinning how research should be structured and designed to best understand and answer the identified problem (Mertens 2012). The research suggests that a paradigm comprises both theory and processes which are 'rooted in a particular word view' (Holloway and Galvin 2024 p 20). Killam (2013) identifies that there are three key components to a research paradigm, namely: ontology, epistemology, and methodology. Each of these will be explored here, both in relation to their theory and foundations, and then in the context of this study and my views and perspectives as a developing researcher. According to Killam (2013), ontology in research encompasses the researcher's assumptions about the essence of existence, whereas epistemology investigates the connection between the researcher and discovered information. Al-Ababneh (2020) highlights that when integrated, these philosophical foundations provide a complete perspective on knowledge development, while methodology functions as a blueprint for gaining sought-after understanding during the research process.

Traditionally, two of the most well established and potentially most used research paradigms are positivism and constructivism (Holloway and Galvin 2024). A positivist paradigm is underpinned by the ontological belief that the researcher is external to the research study and views it impartially, therefore the epistemological view is that an absolute answer to the research problem exists and can be predicted and measured (Raddon 2010). This paradigm has traditionally resulted in the use of quantitative research methodology and methods to answer the research question, with a focus on cause-and-effect linkage to support understanding. Rigour is crucial, as the aim is to 'find truth' (Lincoln et al. 2024). Ryan (2006) highlights a shift in perspective within theoretical frameworks of research, towards a post-positivist model which encompasses more qualitative methods while still maintaining an overarching position

of positivism but emphasising that post-positivism takes cognisance of context within research, acknowledging human limitations in observing and making sense of experiences. Salzmann-Erikson (2024 p 1) urges researchers to 'expand methodological horizons' advocating that adoption of eclectic analytical frameworks has potential to result in a deeper understanding of complex issues, yielding a more holistic exploration of the research topic.

Alternatively, constructivism is founded on the premise that research problems do not possess one correct solution, necessitating that data be gathered and analysed through comprehensive contextual lenses to facilitate understanding. This perspective accepts that varied realities exist across different researchers, underpinning the view that research questions may generate diverse but equally legitimate answers. As a result, this philosophical stance is better aligned with qualitative investigative approaches (Lincoln et al. 2024).

The pragmatic paradigm has gained attention in current academic studies, with a growing focus on its relevance for social work research (Hothersall 2019, Kaushik, and Walsh 2019). Pragmatism is noted to be rooted in the work of Dewey (1859-1952) who built on the foundations of pragmatism as developed by the work of James (1842-1910) and Peirce (1839-1914). It is suggested that pragmatism assumes that practice has priority over theory within research design, however Holloway and Galvin (2017) stress that researchers using a pragmatic paradigm are not atheoretical, and indeed Giddings and Grant (2007) suggest that pragmatism is not restricted to mixed and multi methods research but has a contribution to be made in any research.

Given that philosophical assumptions provide the foundation for research in social sciences, Shah et al. (2018) acknowledge that the research paradigm is central to the methodology utilised. As noted, constructivist paradigms have traditionally dominated the social sciences research landscape (Bogna et al. 2020), meaning that the pragmatic paradigm may therefore be less commonly used in social science research possibly given the focus on philosophical underpinnings, as it is not strongly committed to any philosophical position (Morgan 2014). This challenges the idea held by many that a single methodological paradigm underpinned by a single philosophical position is the 'purest' approach. This strongly contradicts the approach commonly seen in nursing research, where it has been suggested that not all research 'lends itself to being neatly pigeon-holed to one or other methodology' (Ellis 2022 p 35). Furthermore, Ellis notes that a perceived failure to identify an exact methodology is not actually a failure, rather it is claimed to be a researcher response to the need for pragmatism and

a flexible approach to research design to achieve the study aims (Ellis 2022) most effectively. Ellis states that the pragmatic research philosophy is underpinned by the assumption that the best designs for addressing research questions are dynamic and shift in response to newly available data and understanding derived from recent studies.

The epistemological stance of pragmatism has been described as 'a continuum' (Teddle and Tashakkori 2010 p 25) rather than the polarisation of positivism vs constructivism. Given the subjective nature and complexity of child neglect as noted within the literature review in chapter three, this approach mirrors the focus on the continuum of approaches to working with children and families and the pragmatic approach taken in practice rooted in the sense of do what works, and acknowledgement that this will differ greatly across situations. The pragmatic paradigm therefore is as described by Kaushik and Walsh (2019 p 1), both a conceptual and practical tool which supports researchers to utilise a variety of methods and approaches to effectively answer their identified research questions therefore this is the approach I have chosen for this study.

i. Ontology

Pragmatism traditionally focuses on the nature of the experience being researched rather than the nature of reality and it is a generative philosophy because it enables the generation of knowledge through exploring and understanding people's experiences and using this to develop hypotheses and theories, which is particularly relevant when seeking evidence and understanding underpinned by professional practice (Morgan 2014).

My ontological belief underpinning the use of the pragmatic paradigm selected for this study is broadly subjective; that both interpretation of observable phenomena and subjective opinion-based data are relevant forms of knowledge and when gathered and analysed together have the potential to result in integration of different types of data to strengthen the depth of understanding and efficacy of answering the research question.

When considering this ontological position in the context of attempting to develop new knowledge by making sense of child neglect, it is important to note that in Scotland, within child protection and thereby child neglect, there are varying definitions of the age boundaries of childhood. The Children and Young People Scotland Act (2014) defines

a child as someone who has not yet reached the age of eighteen, whereas the Children's Hearings (Scotland) Act (2011) defines a child as someone under the age of sixteen with some exceptions based around educational status and vulnerability. This lack of clear definition provides some evidence that the concept of childhood is socially constructed and fluid depending on the context in which the definition is applied. This underpins my belief that there can be no single firm answer which explains child neglect, as even the basic concept of childhood in which neglect occurs is not fixed.

In Scotland, the accepted definition of child neglect has been refreshed and updated to acknowledge that 'neglect can arise in the context of systemic stresses such as poverty and is an indicator of both support and protection need' (Scottish Government 2021 p 13). This definition is further evidence that excludes a positivist perspective because knowledge gained about child neglect cannot be fixed when the context is subjective as understandings of what constitutes a child's basic physical or psychological need will vary from person to person and may also change with time and changes in perspective from an individual perspective. White and Hoskins (2011) suggest that as neglect is such a complex phenomenon some professionals reframe some of their observations of neglect to simplify them and more effectively align them with available professional interventions.

Considering the current definition of child neglect above, is clear that the definition of neglect is closely related to theories of child development. Developmental expectations have however changed over time to fit with societal norms, and there is a wide evidence base around the cultural impact on assessment of child development. Greenfield and Cocking (2014) note that when assessing child development, it should be acknowledged that the evidence base underpinning professionals' assessment of development is built on a foundation of knowledge by US or European researchers who have studied development within these cultures and have shaped the expectations of 'normal' development. This further highlights the subjective foundations of assessment of development which underpin professional assessment of neglect.

Despite this unambiguous evidence base that research around child neglect should be underpinned by a constructivist approach, the policy and practice landscape around child neglect is more complicated. Police in Scotland can and do charge parents or caregivers with child neglect under section 12 of the Children and Young Persons (Scotland) Act (1937). Although currently under review, it is notable that there is no formal definition of neglect within the text of section 12. The Scottish Government consultation of section 12 highlights that neglect is generally accepted to mean a

failure to provide proper care and attention and is usually committed by omission (Scottish Government 2019). Lord Justice General Hope has described the appropriate standard as "what a reasonable parent, in all the circumstances, would regard as necessary to provide proper care and attention" (Hope 1993 p 245). The consultation document noted professionals reported that the complexities of bringing cases under section 12 had potential to act as a deterrent from reporting cases in the first place due to the difference in thresholds for social work involvement and police to successfully bring a case for criminal prosecution which has potential to result in some professional disconnect. Analysis of the consultation responses indicates that several respondents felt that increased clarity around the definition of neglect was required, but it was acknowledged that due to the subjective nature and complexity of defining neglect, this would be hard to achieve therefore the methodology chosen is reflective of this ongoing and fluid construction of child neglect.

For professionals working with families, the evidence base is clear that identifying and assessing child neglect is more complex than other forms of child abuse (Daniel et al. 2011, Lutman and Farmer 2013, and Stokes and Taylor 2016). Although covered within the literature review, this is relevant to highlight in this methodology section due to the conflicting practice expectation that although evidenced as theoretically a subjective area of practice, professionals are expected to apply unbiased decision-making process and skills to work with child neglect.

Mason and Dale (2011) highlight the importance for researchers in evidencing the impact of the researcher's ontological position on the outputs within the research design, namely the methods designed to collect the data required to answer the research question. Given this complexity integral to the ontological perspective underpinning the reality of child neglect, the flexibility of the pragmatic paradigm allows the variety of data collection methods and perspectives to enable flexibility within the research study to enable understanding and development of knowledge.

ii. Epistemology

Epistemology is defined as a philosophical approach that outlines the researcher's values and beliefs about knowledge and how to gather or measure knowledge (Killam 2013.) The pragmatic approach utilised within my study design reflects my belief that knowledge is based on and shaped by experiences, and as experiences are never replicated exactly and people's expectations are therefore never fixed. These

expectations are underpinned by world views which constantly fluctuate and shift in response to social factors, which in turn underpin experiences.

Tashakkori and Teddlie (2008) emphasise that pragmatism is not strictly linked to mixed and multi methods approaches, rather it is a focus on ascertaining the method which will most effectively and comprehensively gather knowledge to answer the research question. This theoretical belief underpins the design of this research study, as it aims to use quantitative secondary data analysis to provide depth of understanding to the qualitative data on experiences obtained from participants. Although the paradigm used is pragmatic with a focus on the use of different methods to multi-dimensionally answer the research question combining both objective and subjective data, the qualitative data will take priority within the analysis, with the more quantitative data being used to provide context, scale and enhanced understanding to the qualitative findings.

iii. Methodology

The aim of this study is to holistically explore professional and parent/caregiver/ young people's understanding and perspectives on child neglect using one NHS health board area to provide community and geographical context to the qualitative findings to allow for deep and inclusive understanding around factors which influence how professionals and families construct and understand of child neglect.

Kasirye (2023) highlights that multimethod research is underpinned by triangulation, where multiple methods within one paradigm converge to strengthen findings and reduce interpretive bias. This triangulation has potential to enhance both the trustworthiness and depth of the findings and knowledge yielded. Multimethod research is therefore justified as a means of achieving heightened knowledge because combining multiple methods within a single paradigm produces findings that are more credible, nuanced, and analytically robust than those generated by monomethod designs. As Hunter and Brewer (2016) argue, multimethod research leverages what is described as the compensating strengths of different methods to address the inherent weaknesses of any single approach, thereby generating more defensible and persuasive results enabling researchers to capture complex social phenomena with greater precision. This methodological pluralism reflects the broader principle that knowledge is strengthened when multiple perspectives, data sources, and analytic strategies converge, which holds particular importance when considered in the context of increasing understanding of a phenomenon as complex as neglect.

This underpins the justification for my selected methodology, and the concepts of context and complementarity will be discussed to evidence the anticipated benefits of the selection. Within Finlay's (2021) paper on TA, they refer to some parallels between TA IPA in qualitative data analysis, highlighting similarities in the fluidity of the two approaches. They had the potential to fit cohesively within my study design where the TA aimed to provide what Agerfalk (2013 p 252) defines as complementarity, i.e., 'using the results from one method to clarify or illustrate the results from another' thereby underpinning the methodology outlined in Figure 4.

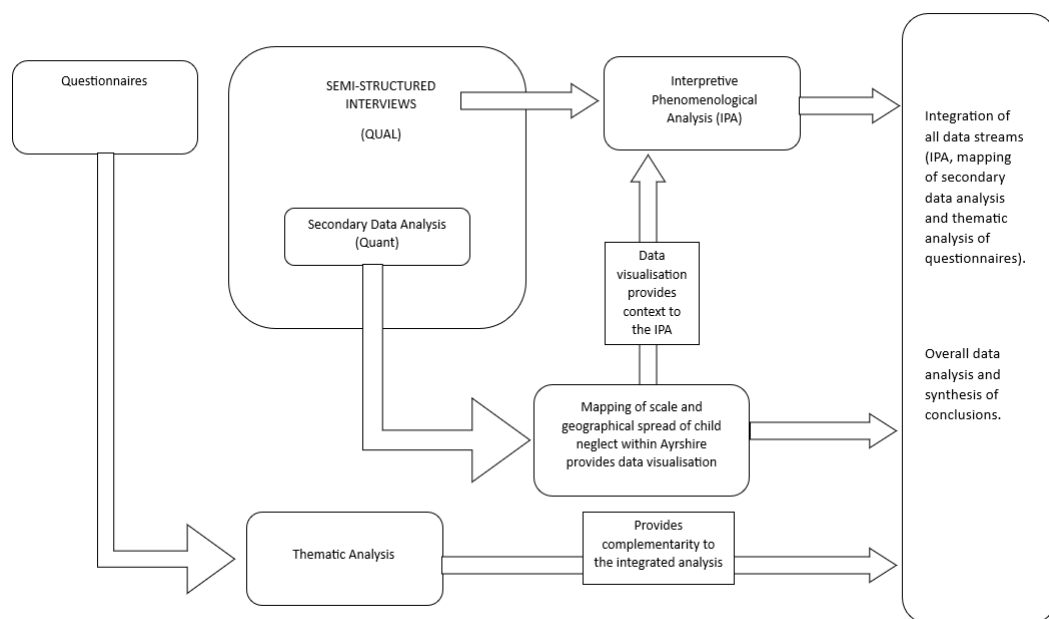


Figure 4: overview of methodology and methods used

As outlined in Figure four above, my study adopts a multimethod research design by integrating several complementary methods within a shared qualitative interpretive framework to generate a richer and more contextually grounded understanding of neglect. Semi-structured interviews analysed through Interpretive Phenomenological Analysis (IPA) provide deep, idiographic insight into participants lived experiences of working with neglect, while questionnaire data analysed thematically broadens the evidential base by identifying recurring patterns in relation to recognition and identification of child neglect across a wider respondent group of professionals who work with children and young people. To provide contextual understanding, and to guide sampling boundaries for the IPA, secondary quantitative data are mapped and visualised to illustrate the scale and geographical distribution of child neglect in

Ayrshire, offering a structural and spatial context that enhances the analysis of the qualitative findings. Although diverse in form, these methods remain epistemologically aligned, with the quantitative mapping serving a contextual rather than integrative function. The final stage of the design involves synthesising insights from IPA, thematic analysis, and data visualisation into a coherent interpretive account, thereby exemplifying multimethod research's capacity to strengthen credibility, triangulate perspectives, and produce a more comprehensive and nuanced analysis than any single method could achieve independently.

Agerfalk (2013) offers a valuable conceptual foundation for understanding complementarity in multimethod research by emphasising how different methods can illuminate distinct yet mutually reinforcing aspects of a phenomenon. Although the exploration and discussion is situated initially in relation to mixed-methods, the underlying argument that methodological diversity enhances explanatory power is equally applicable to multimethod designs.

Having outlined the methodology and underpinning theories, the methods used to guide and structure data collection and analysis are now explored.

c. Method One: Thematic Analysis (TA)

i. Development and distribution of data collection questionnaires

To answer the first sub-research question, 'What levels of confidence do professionals report in identifying and working with child neglect? How does this impact on children who are subject to neglect?', four questionnaires were developed and distributed to professionals as outlined below, with thematic analysis used to guide and structure analysis of the data collected from the questionnaires.

It is suggested within the literature that questionnaires are the most frequently employed method of data collection, due to the flexibility they offer the researcher as they can be distributed in a variety of ways (Regmi et al. 2016; Kuphanga 2024). Exploring the potential benefits of questionnaire use in research, The design of my study has a focus on understanding the data within a defined geographical context which should clarify the reliability of the findings and offer clear boundaries in relation to use of the findings and conclusions. Ross (2012) notes that questionnaires are a straightforward and cost-effective method of data collection. However, Moule (2018)

warns that designing questionnaires can be complex, as they must be both valid and reliable to be effective data collection instruments.

In developing the questionnaire for my study, the broader literature on academic questionnaire design was reviewed and the importance of careful construction, piloting, and theoretical alignment were noted. De Vaus (2014) argues that questionnaires must be designed with a clear conceptual framework to ensure that all data yielded can meaningfully contribute to answering the research question, while Oppenheim (2000) highlights the need for rigorous item development to avoid ambiguity, leading questions, or constructs that are insufficiently operationalised. This was particularly important given that, as noted earlier, my questionnaire aims to measure professional confidence in identifying signs of child neglect

an area where constructs such as “confidence,” “competence,” and “thresholds” are inherently complex. To strengthen the instrument’s validity, I drew on established principles of questionnaire development, including ensuring clarity of wording, avoiding double-barrelled questions, and sequencing items in a way that supports respondent engagement (LoBiondo-Wood, 2018). I also considered the need for reliability, as Bolarinwa (2015) emphasises that a questionnaire must produce consistent findings across comparable populations if it is to be considered a robust research tool.

Although questionnaires are often associated with quantitative research, I made a deliberate decision to incorporate qualitative, open-ended questions within the instrument. While Gillham (2008) advocates for closed questions due to their potential to produce consistent responses, I recognised that closed formats alone would not capture the depth of professional reasoning required to understand how practitioners conceptualise and respond to child neglect. Rattray and Jones (2007) caution that closed questions can restrict participants’ ability to express their views fully, which is particularly problematic when exploring sensitive or nuanced topics. Given that child neglect is both complex and contentious, I concluded that qualitative questions within the questionnaires were essential for enabling participants to articulate their experiences, uncertainties, and interpretations in their own words. This aligns with Heimer et al.’s (2018) observation that anonymity in questionnaire-based research can enhance honesty when discussing sensitive issues. In my study, the inclusion of qualitative items therefore serves a dual purpose: it enriches the data by capturing the contextual and interpretive dimensions of professional practice, and it provides a safer, more accessible alternative to face-to-face interviews for participants who may feel uncomfortable discussing neglect openly due to the emotive and high-stakes nature of

the topic. By integrating both closed and open-ended questions, the resulting questionnaires are better positioned to generate a comprehensive and nuanced understanding of professional confidence and decision making in relation to child neglect.

A small pilot study was undertaken at the start of the study in 2021, as highlighted by Doody and Doody (2015) as important to test the effectiveness of these tools and obtain feedback from a range of professionals and members of the public.

The objectives of the pilot study were to ensure that the data collection tools developed were easily understood by staff; accessible in terms of access and time to complete; and would effectively gather the data which they were developed to collect. The pilot study comprised of the following:

- The Professional decision- making during around neglect questionnaire was completed by a Detective Sergeant working in the Public Protection Unit in Police Scotland.
- A senior speech and language therapist completed the Speech & language staff experiences of child neglect questionnaire.
- The Nursing staff experiences of child neglect questionnaire was completed by a hospital- based paediatric staff nurse and a community based early years staff nurse.
- A ChildSmile dental health support worker completed the Child Smile staff experiences of child neglect questionnaire.

All participants were asked to record the length of time taken to complete the questionnaire. This was then compared to the anticipated completion times. There was not a significant difference noted in any of the questionnaires. The feedback received from pilot participants was positive. They all commented that the length of the questionnaire was appropriate and manageable for staff to complete, which indicates that the objective of ensuring that the data collection tools are appropriate in length for staff was met without alteration.

Two of the pilot participants noted that the answer boxes were narrow which made it difficult to review answers given so the physical design of the questionnaire was altered to make it more accessible and user friendly.

Considering the goal of ensuring that the data collection tools were easily understood by staff, one minor change was made. Within the ChildSmile questionnaire, the pilot

participant suggested some minor changes of wording. The original wording had been 'without sharing any staff or patient identifiable details, could you briefly describe some presentations within your service where you have been concerned about child neglect?'. The pilot highlighted that for dental health support workers this language was too formal and may have led to uncertainty about . In turn, the term 'presentations' was replaced with 'cases'. The benefits of simplifying language across data collection were reflected on, especially when refining the topic guides and undertaking semi-structured interviews with family members.

For the final objective of ensuring that the data collection tools were fit for purpose , one minor change was made. Within the Professional decision-making questionnaire, again some minor changes of wording were suggested to clarify exactly what was being asked of the participants. In question 5, the wording was changed from 'What would make you consider that a comprehensive medical may be indicated for a child where there are indicators of neglect?' to 'What information provided during IRD would make you consider that a comprehensive medical assessment may be indicated for a child?'. The aim was to make the question less ambiguous and result in more relevant information being gathered.

Following feedback from the pilot study discussed later in this chapter, the questionnaires for this study were designed to incorporate a breadth of styles of questions including Likert scale, multiple choice and both open and closed text questions as it is suggested that a variety of question types has potential to engage participants may subsequently increase completion rates.

Each of the four questionnaires had a distinct and clear target population as seen below in Table nine.

Table 9: Questionnaire response rates

Questionnaire	Target Population	Total Target Population	Number of participants	Questionnaire response rate
Speech and Language staff experiences of child neglect	Speech and language therapists working in paediatric teams, employed by NHS Ayrshire & Arran	35	16	46%
ChildSmile staff experiences of child neglect	ChildSmile staff employed by NHS Ayrshire & Arran	11	6	55%
Nursing staff experiences of child neglect	Acute paediatric nursing staff employed by NHS Ayrshire & Arran	104	31	30%
Professional decision making around neglect	Professionals who participate in IRD in relation to children living in Ayrshire & Arran	33	25	76%

Table nine highlights the four distinct populations which each questionnaire was distributed to and outlines the total target population of each and response rate.

Moule (2021) defines a target population as the total membership or population of the group in which the researcher plans to collect information from. In some cases, additional eligibility criteria can be applied, but the design of my study did not require additional eligibility restrictions. Simply working in the specified professional roles within Ayrshire & Arran was the only criteria indicated, as the professional role and associated experience of identifying child neglect is the area for exploration within my study.

Given the relatively small numbers within each of the four target populations, there was no need to sample each target population. Sampling aims to ensure that the responses and data collected from participants is representative of the target population (Fick

2015). Each member of the target populations identified for my studies shares a professional background, geographical location and focus of work with children or young people within that geographical location. To support participation to yield reasonable response rates, a dissemination plan was developed for each questionnaire. This initially included identifying the correct gatekeeper for each target population. Fick (2015) identifies a gatekeeper as the person who has the power and ability to ensure that the target population are accessible to the researcher, making them able to participate in the research study. Several gatekeepers were identified due to the breadth of my target population. These were all senior managers holding suitable influence and reach across the entire target population for each questionnaire. Following identification of these gatekeepers, I sent a letter to each which can be seen in appendix three, and met with each virtually to introduce my study, outline the ethical approvals and professional approvals obtained for the study, and to target staff working in NHS Ayrshire & Arran and the three associated HSCP. I felt it was important to meet with each gatekeeper as, given their busy roles, I wanted to ensure that they had the dedicated time to discuss my study and to allow them to ask any questions. I believed that this would also increase the likelihood of them making the effort to disseminate the questionnaires to their staff. All expressed an interest in my study and committed to disseminating the questionnaires to the target population identified. Considering my position and reflexivity as a researcher, I was careful to emphasise that this research was being carried out in my role as a postgraduate research student rather than within my role as a health professional.

The questionnaires were shared with the gatekeepers in January 2022 and were disseminated thereafter. The questionnaires remained open until September 2022.

ii. Becoming familiar with the data

Braun and Clarke (2022) and Swain (2018) despite slight variances in their approaches to thematic analysis unanimously agree that becoming familiar with the data is the foundation of any thematic analysis. Given that the reflexivity in this approach is underpinned by the tenet that the researcher has an active rather than passive role in the thematic analysis (Braun and Clarke 2019), it could be argued that simple familiarity with the data is not sufficient, rather the researcher must become immersed in the data in order to fully understand it and indeed McKenna and Copnell (2019 p 100) make explicit reference to 'data immersion'. Byrne (2022) postulates that reflexive thematic analysis can be understood as an individual interpretation of the researcher's synthesis of the data. This means that it should be anticipated that the findings of

reflexive thematic analyses would not be replicated should another researcher analyse the same data set, as each researcher brings their own individual values, beliefs and experience to the process and their active role in the analysis means that all these individual factors are influencing the outcome of the analysis.

Having a recognition into my own learning style as one of the factors I bring to the thematic analysis meant that I needed to manipulate the text of the data into a format which I could read on paper rather than online. Reflecting on Honey and Mumford's (1982) learning styles, it could be hypothesised that their description of 'The Reflector as a learner who gathers observations, stories, and experiences to intuit patterns' (Rosewell 2005 p 2) is a natural fit with the principles of thematic analysis. This was an area of anxiety for me as when I have completed analyses of my learning styles throughout my studies and professional career, they identify me as a theorist which is a learning style rooted in the logical as opposed to the reflective intuitive styles of the reflector. Dantas and Cunha (2020) note that theorists as learners have a focus on use of theory to provide a firm foundation of understanding. I felt that my own style of learning may be a barrier to me carrying out a robust thematic analysis, but after further contemplation, I was able to draw confidence from my professional background in midwifery and health visiting and their roots in reflection and intuition. Having built this foundation of self-confidence in my ability as a researcher, I commenced the analysis of the questionnaire data.

As there were four questionnaires, a thematic analysis was completed for each. As noted above, becoming familiar with the data is the first step in thematic analysis. Having printed off the four data sets I read them repeatedly, both complete drafts and in short sections until I felt a sense of familiarity with the content. In the case of interviews where transcription is required this adds an additional step into the familiarisation and immersion into the data. This was absent in my study as all data was obtained via survey. I considered narrating the data and recording it and hand transcribing it, but I did not have any difficulties in immersing myself in the data by reading it and indeed Byrne (2022) recommends manual transcription as a useful tool to aid data familiarisation.

Braun and Clarke (2022) suggest however that data familiarisation involves not simply one act of getting acquainted with the data, but rather three phases; immersion, critical analysis, and note-taking. The cognitive disconnect between the first two phases of immersion and analysis is noted in that immersion is a passive act of getting to know and be familiar with the content of the data whereas critical analysis requires an active

input from the researcher which represents a move from simply getting to know the content of the data to beginning to make sense of it. Braun and Clarke (2022) suggest that the note taking aspect of this phase can take many different forms- some visual like mind-maps or sketches, however my learning style is such that lists and bullet points make more sense to me, so I adopted this as my initial form of notetaking during the data familiarisation phase.

iii. Creating initial codes

As introduced by Braun and Clarke's (2022) reflections on the phases within data familiarisation, Harvey and Land (2022) emphasise that within thematic analysis, the focus must remain on analysis. Given the previous focus on familiarisation, it can be argued that a clear shift in mindset is required to avoid replicating that familiarity through simply repeating or paraphrasing key ideas and statements noted from the data. The sense of the researcher as an active participant in the TA is crucial here to ensure the academic rigour of the analysis. Braun and Clarke (2013) and Richards (2014) share the perspective that initial codes are created by the researcher rather than simply emerging from the data as was initially postulated by Williams (2008). This again strengthens the active role of the researcher within the thematic analysis process.

Codes are defined as groups of data which the researcher identifies as having similarities or something in common (Saldana 2022). Jnanathapaswi (2021) suggests that codes are the 'building blocks' of themes and therefore of thematic analysis. Braun and Clarke (2022 p 52) describe codes as the 'smallest unit of a thematic analysis' which leads to conceptualising codes as individual and discrete entities. McKenna and Copnell (2019) warn however, that the basis of coding and creating codes must always include careful and robust analysis of each line of the data to ensure that similarities can be flagged and an associated code created by the researcher.

To identify codes, I followed a linear process of reading the data, highlighting similar words, perspectives, or concepts, then grouping these together to formulate initial codes.

iv. Searching for themes

As per the name, Thematic Analysis, the process of analysing data and making sense of it by way of categorising data into themes is central to thematic analysis and indeed Terry and Hayfield (2020) highlight that the aim of a thematic analysis is to identify

themes and then utilise these themes in work towards answering the research questions. Byrne (2022) acknowledges that codes are a representation of the researcher's identification of patterns of meaning across the dataset. Themes on the other hand are wider and more holistic resulting from consideration and analysis of codes identified within the data.

As noted above, Braun and Clarke (2013) state emphatically that themes do not emerge from the data, rather the researcher must make sense of the data and use their active role in the process to identify themes, building these themes from analysis of the codes categorised in the earlier step in the process.

Table eight summarises all the themes in each of the four questionnaires and identifies the codes from which they were developed.

v. Reviewing themes

Within this step, the themes above are reconsidered to ensure that they accurately and comprehensively support the subject matter contained within the data gathered. Firstly, I considered if the themes I had identified made sense and were representative of the codes and data. Then, I considered overlapping themes to confirm that where there was overlap, the themes were actually separate themes rather than being variations of the same theme. Braun and Clarke (2022) stress the difference between themes and what they describe as 'topic summaries' (Braun and Clarke 2022 p 77) by emphasising that topic summaries should be a summary of everything that the participants said about a particular topic, but they note that this is not a theme, as a theme should encompass shared ideas and meaning, rather than superficial topics. This was initially a challenging concept for me to make sense of, as I struggled to clearly understand the difference between topic summaries and themes. To address this, I read further literature on this. Morgan (2022) classifies topic summaries as domain summaries and notes that these group data together on a semantic level rather than by meaning. This began to make sense and to ensure a clear distinction, I began to separate my themes into three domains, environmental factors, caregiver factors and professional factors, and attempted to draft three domain summaries to support my review of my themes and to avoid what Braun and Clarke (2022) suggest is a pitfall of thematic analysis; mixing up topic/domain summaries and themes. These domain summaries are used to guide the analysis and discussion of the themes.

Next, I considered if I felt certain I had exhausted all themes within my data. Braun and Clarke (2019 p 201) define data Saturation as ‘information redundancy’ or the point at which the researcher can identify no new themes or codes from the data. It is a commonly used concept within qualitative research. It has been argued that attempts to develop processes to ascertain the point at which data saturation has been reached undermine the importance of the researcher analysis within qualitative data analysis, particularly thematic analysis, and suggest that attempts to define data saturation points by use of numerical barriers like 4 interviews or 5 questionnaires could lead to depth of meaning and understanding being missed. Guest et al. (2020) acknowledge this and support the notion that the end point of data analysis, i.e. saturation, should be determined by the researcher, utilising their skill and judgement- this supports the concept discussed throughout this chapter of the researcher as having an active rather than passive role in data analysis.

vi. Defining and naming themes

Having ensured that data saturation had been reached, and in acknowledgement that I was working with four data sets and four thematic analyses, it was at this point I integrated the data sets by reviewing the themes together and identifying commonalities to produce a final defined list of themes from the complete data set. This process resulted in some themes being brought together due to the overlap in codes and underpinning meaning. The final list of themes is seen in Table twelve.

d. Method Two: Secondary data exploration

Boslaugh (2007) defines secondary data analysis based on the relationship between the researcher role in collection versus analysis of data sets, with secondary data analysis being the process of a researcher analysing data sets collected by someone else for another purpose. Irwin (2013) suggests that there is a developing understanding around the value of sharing and linking data, and that secondary data analysis is an ethical method in maximising potential output from data collated. Johnson (2014) emphasises the potential use of secondary data analysis given the vast data collected which may be underused, however cautions that there is a lack of robust frameworks to guide the researcher ethically and effectively through consideration of secondary data analysis.

Within this study, the secondary data analysis was designed to enhance the contextual understanding of the qualitative findings of the primary data collected within

this study as seen in Figure four above. As highlighted, my use of the pragmatic paradigm and ontological and epistemological positions emphasises the value of the researchers positionality and role in the creation of new knowledge, and it was important that the understanding of the knowledge synthesised around child neglect was cognisant of the social and demographic contexts both in which the knowledge was gathered and findings will be utilised to mitigate the impact of child neglect. This has been fully explored in chapter two, but to emphasise in my study, the aim of the research question was to holistically explore professional and parent/carer/ young people's understanding and perspectives on child neglect whilst using one NHS health board area to provide community and geographical context to the qualitative findings to allow for deep and inclusive understanding around child neglect.

i. Data sets

After obtaining all necessary ethical approvals, the process of attempting to access these data sets was undertaken. This process of collating data highlighted some very robust data capture systems within some agencies, and gaps within others as to how data are gathered and recorded which is explored below. As noted in chapter four, I am conscious of my positionality as an insider researcher with the associated power gradient when collecting data from participants for whom I hold a managerial role, and was acutely aware of the ethical considerations of requesting these data, and ensured that when I requested any data, it was clear that the request was within the scope of my research and my role as a post graduate research student, rather than my role as Service Manager working within NHS Ayrshire & Arran. Where my role and networking were helpful was in quick and effective identification of the right people to approach with formal requests for access to data which reduced some of the barriers that Grundelova et al. (2024) highlight in terms of navigating gatekeepers to gain access to data and study participants.

The data from SCRA were received quickly and comprehensively following a telephone call with the data manager at SCRA to discuss and clarify points from my written request. The data on child protection registrations from all three local authority areas were also received in complete and clear format. Data on child protection registrations are reportable to the Scottish Government and published annually within the Scottish Government Children's Social Work statistical reports, therefore there is an onus on local authorities to record and store this data clearly. The data sets from the Child Protection Health Team were also accessed in full with all the required data included, again possibly due to embedded processes which arose from a requirement

commenced during the COVID pandemic to share weekly data with the Scottish Government on IRDs completed in an attempt to track the impact of the pandemic on children's safety and wellbeing.

There were however issues in obtaining some of the remaining data. Within this study it became clear that the processes for data collection in relation to work with children and young are not consistent across HSCP areas. Even within the single NHS board area hosting this research, inconsistencies around processes and use of systems to record data were apparent. Issues around use of recording information in practice and the impact this has on professionals' work with child neglect will be explored in chapter seven.

One HSCP had a performance and planning manager in post at the point of data collection for this study. This may have been influential in gaining easy access to robust and consistently recorded data on referrals into social services for neglect and child protection registrations where neglect was an area of concern. However, another HSCP had some gaps in the data on referrals into social work services for neglect for a three-month period and cited this was due to changes in systems used to record and store data. The data requested on scale and spread of early intervention support work to address neglect was difficult to collate in all areas. This was due to several fundamental issues. Firstly, there appear to be inherent complexities around terminology used to categorise the aims of referrals and early intervention supports with a lack of linkage to the broad issue of child neglect. For example, some referrals were classified as 'parenting support' and others as 'home conditions' with other categories used including 'routines and boundaries'.

The following complete quantitative secondary data sets were obtained and collated:

- Referrals into SCRA between 01.01.2019 and 31.12.2020 under ground 1a: lack of parental care for children and young people residing in Ayrshire & Arran (with postcode data).
- Children residing in Ayrshire & Arran (with postcode data), whose names were placed on the child protection register between 01.01.2019 and 31.12.2020, where neglect was an identified area of concern.
- IRDs completed between 01.01.2019 and 31.12.2020 for children residing in Ayrshire & Arran (with postcode data) where neglect or lack of parental care was identified as a significant concern.

ii. Data mapping

Mapping of data is well established in health care with Bell et al. (2006) noting its use in both making statistical data accessible to a wider audience and supporting broader understanding of complex data across the population.

The Scottish Government has invested in development of the Scottish Index of Multiple Deprivation (SIMD) (Scottish Government 2020) which they define as a tool for identifying areas with relatively high levels of deprivation. SIMD geographically splits Scotland into 6,976 individual data zones. Within each of these data zones, deprivation across seven domains (income, employment, education, health, access to services, crime and housing) is considered, and these data zones are ranked from most deprived to least, and split into ten deciles, with one being the most deprived and ten being least deprived.

The NHS health board Ayrshire & Arran was selected as the site for various reasons; firstly, it has a mixture of rural and urban and coastal and inland areas which increases potential for generalisability of findings across Scotland, which is important given that one of the outcomes of the study is findings which have the potential to provide evidence to underpin policy and practice development.

Secondly, Ayrshire & Arran health board areas comprise three different local authority areas and subsequently three different CPCs, all of which adopt a different approach to how neglect is identified and addressed in practice. This allowed for a comparison of how each approach underpins both professionals' and parent/carer/young people's experiences of child neglect, which again results in rich data relevant to future policy and practice development. Finally, NHS Ayrshire & Arran was chosen for practical reasons. The researcher works there in a professional capacity and has built and developed broad networks of contacts that enabled effective access (via gatekeepers) to data and study participants. This was essential given the number of potential strands of data included within the study design and the value that each brought to the overall analysis of findings. Without this professional network it could have been a more difficult and time-consuming task to negotiate access to all required data and participant groups.

e. Method Three: Interpretive Phenomenological Analysis (IPA)

Smith et al. (2009 p 1) define IPA as 'a qualitative research approach committed to the examination of how people make sense of their major life experiences'.

Phenomenology aims to study and make sense of participants lived experiences. I chose interpretive phenomenology for the most heavily weighted components of this research study because it allowed my pre-existing knowledge and expertise to be utilised within generation and interpretation of knowledge, allowing me to have a more active role in the research process. Noon (2018) notes that interpretive phenomenology is distinct from phenomenology as it explores a participant's experience within an environment rather than simply how the participant experiences a phenomenon. The value of my pre-existing knowledge was vital here in understanding the environmental context, including geography and demographics, which shape the participants' perspectives. Wagstaff and Williams (2014) highlight that this is vital in ensuring coherence in both the interpretation of findings and synthesis of conclusions. Interpretive Phenomenological Analysis (IPA) was therefore chosen as the research methodology for the semi-structured interviews in this study. This will be introduced below and explored fully in chapter six.

Vicary and Ferguson (2024) emphasise the value of IPA in social sciences by focusing on its ontological and epistemological position, which builds on the concepts of Phenomenology and Hermeneutics that Smith et al. (2009) highlight as the theoretical foundations to the approach and ensures the grounding in theory commanded by social science research. Wagstaff and Williams (2014) reflect on this and highlight that IPA is often described as engaging the researcher in a double hermeneutic cycle, as they are attempting to make sense of the research study participant attempting to make sense of their life experiences. This again points to the researcher as having an active, rather than passive role in the research and can comfortably make use of the researcher's experience and skills in analysing and attempting to understand and make contextual sense of the knowledge emerging from the study participants.

i. Phenomenology, hermeneutics and idiography

In 2005, Butler suggested that the definition of phenomenology was unclear, however more contemporaneous literature clearly defines phenomenology as both a philosophy and a qualitative research tradition (Mihás 2023). The Stanford encyclopaedia of philosophy defines phenomenology as 'the study of structures of consciousness as experienced from the first-person point of view' (Smith 2013). As a qualitative research

tradition, phenomenology aims to strengthen and develop understanding of complex experiential accounts. From a philosophical perspective, phenomenology has its roots in the work of Husserl, who is accepted as being a founding philosopher in phenomenology in that his work evidenced the value of focusing on exploring lived experiences. Heidegger further developed Husserl's work and shifted the focus from description of a lived experience to the researcher interpreting and understanding or making sense of these, which is the essence of phenomenology.

Given that IPA moves us from using phenomenology descriptively to interpretively, the second foundation of IPA is hermeneutics which is described as the theory of interpretation (Tomkins 2017). Hermeneutics have developed throughout history, moving from an aid to understand biblical texts, to a philosophical foundation for the interpretation of a wide range of text. The concept of the hermeneutic circle acknowledges the relationship between the part and the whole and suggests that to fully make sense of any individual part, an understanding of the whole is required. When designing the study and aiming to make sense of child neglect via lived experiences, the hermeneutic circle fitted well with my initial hypothesis i.e. to fully make sense of a phenomenon as complex as neglect, an understanding of the 'whole' would be required. This is an important foundation in the study design and use of IPA. IPA also has strengths as its double hermeneutic- i.e. the researcher is trying to make sense of the research participants' sense making of their lived experience. This emphasises the active role of the researcher.

IPA's foundation of idiography embeds the principle that the researcher must maintain a focus on the individual, by understanding and making sense of their individual experience through analysis, before considering how the individual experience relates to other participant experiences. Smith et al. (2009) define idiography in the context of IPA as consideration of the particular or individual, versus the general. Smith et al. (2009) further suggest that this focus operates at two levels: initially in the sense of detail shared by each individual participant. Then IPA has a focus on the particular experience i.e. how the phenomenon has been experienced on an individual level or within a particular context hence the importance of homogeneity within the sample for IPA studies.

ii. IPA Sampling

Smith et al. (2009) highlight that in the design of IPA studies, homogeneity in sampling is important to allow both convergence and divergence to be explored in detail. In the

context of the study, my interpretation of homogeneity within the participant sample was focussed around exploring lived experience of child neglect from families and professionals who live and work in areas within Ayrshire & Arran where child neglect-related activity is high. The literature highlights that professional thresholds alter and shift based on the demographics of the communities in which professionals work. Following Child B's death, the SCR discovered that professionals had assessed this family by making comparisons with other households in a disadvantaged area, rather than examining the particular needs of each child. The review concluded that this approach led to raised intervention thresholds in this instance (Glasgow CPC 2015). This provides lived evidence that professional thresholds will differ depending on the demographics of the areas in which they work therefore professionals working in areas with little neglect would have different lived experience and thresholds to those working in areas where neglect related activity is high. In my study, homogeneity comes from ensuring practitioners have a shared experience of working with neglect in areas of high prevalence of neglect. As outlined in chapter two, I mapped secondary data to identify the scale and spread of child neglect within Ayrshire & Arran. This provided a focus for the IPA recruitment and sampling. Given the emphasis on homogeneity, the sampling for IPA is purposive (Smith 2017), as this enabled me to compile a sample of participants for whom the identified research question or problem has personal significance (Pietkiewicz and Smith 2014). A small pilot study was undertaken with one professional and one adult family member to test the feasibility of both the technology to support the virtual interviews, and the interview structure. The pilot study did not highlight any technological concerns, and given the flexibility of the IPA interview schedule, no changes were made to it following the pilot interviews.

Sampling professional participants was straightforward. After reviewing the data mapping (as seen in chapter two) identifying areas of high child neglect related activity and conducting subsequent community profiling, these six areas were identified as sampling zones for recruitment of interview participants who live or work in these communities and have experience of child neglect. I approached the same gatekeepers as I had for the questionnaire phase (see p 91) and requested that they extend an invite to their teams covering the selected areas. I had aimed to collect data from ten professionals (plus the pilot study participants) and was overwhelmed with expressions of interest from professionals. Of note, seventeen health visitors contacted me offering to participate in an interview. I assume this is due to my professional standing within health visiting and although pleased, it led to further reflection on positionality as a researcher and the impact of my professional leadership and

influence on participants. From the expressions of interest, I selected what I assessed as a balanced mixture of disciplines and geographic areas to explore and make sense of professional experiences of working with child neglect. This mixture of participants allowed for a potential range of understandings of child neglect while still maintaining a homogenous sample of professionals who work with children and families living in areas of Ayrshire & Arran known to have high levels of child neglect. Similarly, I obtained a spread of social work participants ensuring that the whole of Ayrshire & Arran was geographically represented throughout the study, giving a foundation for the findings to have relevance which has some transferability. Creswell et al. (2022) stresses that small qualitative studies, including IPA, do not aspire to result in findings that are generalisable on a large scale but they should produce robust findings that are both credible and transferable (Smith and Nizza 2022). Smith et al. (2009) hold the view that findings from some IPA studies can be considered in terms of theoretical transferability, which is understood as being where the researcher or readers analyse the study findings in the context of their own background understanding and expertise and draw conclusions as to which contexts or situations for which the findings could potentially be relevant or transferred to. The professional profile of participants (anonymised) is below in Table ten.

Table 10: Demographics of professional participants

A (Pilot Study participant)	Health Visitor	Local Authority A
C	Social Worker	Local Authority C
D	Social Worker	Local Authority A
E	Social Worker	Local Authority B
F	Health Visitor	Local Authority A
G	Health Visitor	Local Authority A
H	Health Visitor	Local Authority C
J	Health Visitor	Local Authority B
K	Health Visitor	Local Authority B
L	Health Visitor	Local Authority C
P	Family Nurse	Local Authority C
Q	Safeguarding Midwife	Local Authority B

The profile of professional participants represents input from all three HSCP areas, while also comprising a range of participants from a breadth of professionals who have roles as lead professionals or named persons and therefore have role in assessment of need and risk including child neglect. To ensure expertise in identifying and working with neglect from the pre-birth period, a safeguarding midwife and family nurse were

included in the sample. The sample also included three social workers and eight health visitors.

The sampling of parents/caregivers and young people was much more challenging for several reasons. I obtained agreement from all the aforementioned gatekeepers and asked that professionals share a QR code or a paper leaflet with families who met the inclusion criteria with whom they were working to address concerns related to child neglect. In theory, this should have been a straightforward process, given the scale of child neglect as noted in the data shared within chapter five, however in practice I found it difficult to recruit participants to this phase of my study. On reflection the reasons for this include: the impact of COVID-19, the sensitivity of discussing child neglect and organisational pressures and priorities.

The impact of COVID-19 meant that, inherently, most families were seen by professionals less often and for shorter periods of time than they would have been pre-pandemic. During lockdown periods, home visiting by most agencies was significantly reduced due to restrictions on home visiting. This impacted negatively on my recruitment strategy, as given the limitations on time spent face-face with families, professional priorities shifted, and recruiting to research was not a focus of their time during limited home visits.

Given this challenge, for pragmatic reasons, I made the decision to recruit via the health visiting service. The Universal Health Visiting Pathway has been developed to support establishment of trust-based professional relationships between health visitors and families, which subsequently supports families to participate meaningfully in health promotion and health education initiatives designed to enhance outcomes and decrease inequality. This creates an ideal framework for health visitors to engage families in research discussions and support participation in research studies. With much patience and persistence, I was able to recruit ten caregivers and young person participants to this strand of my study as shown below in Table eleven.

Table 11: Demographics of family participants

N (Pilot Study participant)	Caregiver	Local Authority A
R	Caregiver	Local Authority B
S	Young Person	Local Authority C
T	Caregiver	Local Authority B
U	Caregiver	Local Authority B
V	Caregiver	Local Authority B
W	Caregiver	Local Authority A
X	Young Person	Local Authority A
Y	Caregiver	Local Authority C
Z	Caregiver	Local Authority B

iii. Devising the interview schedule

Data collection for IPA traditionally takes the form of 1-to-1 interviews (Smith et al. 2009), and was the design selected for this study. Smith (2017) emphasises the flexibility within IPA interviews as although the researcher is guided by the research question there is no firm structured interview schedule as would be expected in other types of interviews. Therefore, in line with Smith et al. (2021) two flexible interview schedules were developed, one for use with professionals and one for use with caregivers and young people. The Interview Schedules developed are seen in appendix four. Nizza et al. (2021) emphasise that IPA must maintain a focus on depth of data rather than breadth, so caution that the questions used within the interview schedule should be limited in number and designed to elicit discussion. Vicary and Ferguson (2024) note that open questions should provide the basis for IPA interview schedules, as closed questions would make it difficult for the researcher to engage the participant in the deep and meaningful reflective conversation required.

To ensure that the interview schedule is effective, as suggested by Harerimana et al. (2024), I carried out a reverse or mock interview, which is where the researcher is asked the interview questions by a colleague or supervisor in a mock setting. This aims to provide insight into the researcher around how it feels to be asked the suggested questions. This has potential to provide insight into language, clarity of questions and offers an important window into the vulnerability and exposure that participants may feel when asked questions around sensitive and emotive topics like child neglect. This was effective in supporting me to revise the broad topics in the interview schedule to ensure that while they remained open in nature, the probing questions were able to

support elicitation of relevant information, as the reverse interview identified the likelihood of the discussions going off tangent resulting in data which may not have fully supported answering the research questions.

The interview schedules were presented as part of my submission to the NHS REC, and the versions seen in appendix four were approved by the NHS REC and were therefore used to guide data collection during my IPA interviews.

iv. Conducting the interviews

Smith et al. (2009) describe data collection from IPA interviews as an interactional process, acknowledging that the researcher needs a particular skillset to obtain reflective and meaningful data from participants during the interviews, highlighting subtle difference from other types of research interview. They further suggest that the researcher must demonstrate dedication, awareness and skill to conduct successful IPA interviews, cautioning that analysis and findings from the IPA study will only ever be as good as the interview data, leading to a sense that the interview itself is the central component of the IPA study. Taking this one step further, Smith and Nizza (2022) describe a successful IPA interview as being 'a particular form of conversation' (Smith and Nizza 2022 p 19) where the aim is for the participant to do the bulk of the talking, with the researcher guiding the conversation, and probing the participant where indicated, to ensure that the content of the discussions results in information which will support the researcher to successfully answer the research question.

Given the importance of the interview, traditionally IPA interviews have taken place face to face to support the development of rapport between the interviewer and participants in order to elicit the depth of conversation outlined above, however due to unfortunate timing, data collection took place during the COVID-19 pandemic, meaning a shift from the planned face-to-face interviews to virtual interviews was required. Sanchez et al. (2024) carried out a literature review exploring the transition to virtual data collection methods and highlight some of the perceived benefits of virtual data collection which they identify as increased scope for geographical inclusion, reduced barriers like travel, cost, and time for participants. Their review has a focus on practical issues relating to data collection and they comprehensively suggest practical steps within a suggested virtual protocol ensuring that technology to support virtual interviewing is utilised to full effect to make the process as smooth as possible for both researcher and participant.

Their review, however, does not explore the major challenge that I faced with the shift to virtual data collection which was the emotive and sensitive nature of exploring lived experience of child neglect during interviews. Although I was aware that child neglect was a complex and challenging area of practice, I had not anticipated the level of emotion that discussing it within research would provoke. When reflecting on this during PhD supervision, I wondered if my professional experience obtained previously during my role as child protection advisor had numbed me to the expectations of discussing child neglect. Within this role, I participated in Inter-Agency Referral Discussions (IRD) which are defined as ‘the start of the formal process of information sharing, assessment, analysis and decision-making following reported concern about abuse or neglect of a child or young person (Scottish Government 2021 p 91). During IRD, I was required to assess chronology and health information independently without any knowledge or previous relationship with the child or family who was being discussed. In these circumstances it felt easy to use unambiguous language and terminology to describe the neglect noted and its impact or potential impact and harm, but I immediately realised that discussing child neglect in the context of research felt vastly different.

I found it challenging initially to interpret participant tone of voice and body language due to the technology. While the virtual interviews were very predominantly successful there were some inherent limitations. Firstly, despite ensuring strong Wi-Fi signal, in some cases there was a slight lag in verbal and visual reciprocal response, which resulted in a sense of stiltedness of conversation which made it more difficult for me as the researcher to interpret and anticipate unsaid feelings and emotion felt by participants. I was also acutely aware that despite outlining to participants the importance of privacy during interviews, virtual environments can also compromise privacy; participants may lack a confidential space at home, increasing the risk of being overheard and potentially inhibiting full and frank discussion (Janghorban et al. 2014). Pinto et al. (2021) note that it is vitally important that researchers do not shy away from researching what they describe as sensitive subjects including child protection, as this is the pathway to giving a voice to underrepresented groups in society which fits strongly with UNCRC and key policies including The Voice of the Infant (Scottish Government 2023). One of the key themes from their paper, however, is the need to build rapport with participants to help ensure that the research feels safe in view of trauma previously experienced. My experience was that it was difficult to build this necessary rapport virtually, which impacted on my confidence as I didn’t feel secure in

the efficacy of rapport and initial professional relationship establishment which echoes findings by Holt (2010).

Alexander et al. (2018) carried out a literature review exploring the perspectives of perceived vulnerable groups who took part in research studies. Their findings emphasised the need for the researcher to respect their autonomy in deciding to take part in research. They also provided some evidence that some participants reported finding the experience of research interviews therapeutic. This was concluded to be due to having the space to speak freely about their experiences, with catharsis being noted as a theme within their findings.

With all these factors in mind, I felt a sense of apprehension on commencing the interviews, despite the two pilot study interviews having gone well. I believe this was due to the sense of pressure arising from the realisation that the quality and value of the study findings was dependent on me as the researcher conducting the interviews well. This sense of apprehension relates to Yardley (2000)'s second principle of quality against which qualitative research is measured; commitment and rigour. Smith et al. (2009) highlight an expectation that the researcher will demonstrate commitment throughout the interview process by being consistent in demonstrating empathy and attention to participants throughout the interview process and having and maintaining insight into the important role of the researcher within the IPA process. Having the theoretical underpinnings to explain my feelings was helpful in mitigating any potential impact of the apprehension.

v. Integrated reflexivity

Integrated reflexivity is foundational to IPA, as well as being the first step in the process. Given the double hermeneutic in IPA and the active role of the researcher, what Smith et al. (2009) describe as bracketing, is a crucial foundation of the integrated reflexivity within IPA. Bracketing can be defined as the 'suspension of preconception' (Vicary and Ferguson 2024 p 5). Through the fundamental methodology of bracketing the researcher's own experiences, the researcher consciously aims not to influence the participants understanding of the lived experience being explored. Vicary and Ferguson (2024) suggest that bracketing occurs within IPA in two distinct ways. Firstly, in what they describe as phenomenological reduction i.e. the researcher accepts the participants lived experience as described and without question, and secondly by making a concerted effort to put aside their own

knowledge and experience to help the researcher understand the lived experience from the participants perspective (Vicary and Ferguson 2024 p5).

It is noted that bracketing is a contentious topic in the IPA field, and there does appear to be a disconnect between the sense of the researcher as an active participant in the research and the expectation integral to bracketing in that they will put aside their expertise to ensure they don't influence the participants, with Baksh (2018) concluding that critical self-reflection may be more valuable than rigid bracketing. Further considering bracketing, Creswell (2013 p193) advised researchers to "First describe [their own] personal experience with the phenomenon under study. The researcher [should] begin with a full description of his or her own experience of the phenomenon" and then put it aside thereby avoiding bringing personal perspectives and opinions into the 'lived experience' shared by participants. This seems to support the importance of the researcher adopting a non-judgemental stance and avoiding preconceptions or unconsciously influencing the description of the participant's lived experience; I used my reflective journal for this purpose. There are, however, differing views on the researcher consciously avoiding using their expertise to support analysis of the data. Bracketing during the data collection process fits with the need for the researcher not to use their own experiences to guide the discussion as this has potential to influence the participants' dialogue but bracketing during analysis feels counterintuitive and at odds with the active role of the researcher in IPA. In 2010, Tufford et al. suggested that bracketing was not clearly understood within the research community and proposed a conceptual framework to support clarity and enhanced understanding around bracketing. Smith and Nizza (2022) suggest that being an insider researcher conducting an IPA study has a delicate balance of pros and cons, with the pros relating to practicalities including ease of access to participants and a likely shared set of connections with participants which supports establishing communications and rapport during the interviews and a strong foundation of awareness of potential content of the interviews, however this has to be balanced by the need for the researcher to suspend pre-existing judgements.

Given that IPA is a recent approach, much of the literature and research findings exploring bracketing is written from a descriptive phenomenology perspective rather than the interpretive phenomenological perspective. Creswell (2007) identifies a universal challenge when attempting to implement bracketing, noting that "interpretations of the data always incorporate the assumptions that the researcher brings to the topic" (p. 83). Fischer (2009) while maintaining a position emphasising the

importance of bracketing contrastingly suggests that some researchers may be reluctant to 'use themselves as an access to understanding' and 'they may not adequately look at their perspectives in the belief that perspectivity is bias' (Fisher 2009 p 589) furthermore, she posits that this sense of reluctance is rooted in the positivist notion that scientific rigour requires the area being studied to remain entirely independent of the researcher.

Another important yet less explored function of bracketing is as a mechanism to protect the researcher as conscious acknowledgement to reflect and maintain neutrality supports the researcher in processing difficult emotions during the research process which was important when exploring an area as emotive as child neglect.

Despite the differing and developing views on bracketing, it appears unanimous that transparency around bracketing is essential (Beech 1999, Tufford et al. 2010). Within the methodology in chapter four, I have written much about my own positionality as a researcher, noting my professional experience and current leadership position and the impact of these when I step into researcher role. As I delved into the topic of bracketing, my position within the study is that bracketing during the data collection phase is indeed crucial, primarily to ensure that participants can share their own lived experience free from any researcher influence, but also to protect the researcher from the emotional effects of intense exploration of emotive subjects. In the data analysis phase however, given that IPA is grounded in interpretation, it is accepted that the researcher plays an active role in the data analysis process, particularly in the interpretation of data and synthesis of conclusions, the researcher's skills, experience and knowledge are fundamental in arriving at findings and conclusions. Transparency however, about researcher positionality is crucial to ensure that readers are aware of what factors may influence the researcher's interpretation.

vi. Delving into the data

Following Vicary and Ferguson's approach, this stage covers four distinct steps: immersion in the data, preparation of transcript, close examination of the data and initial noting as 'delving into the data' (2024 p48). I describe these four steps as stage two: delving into the data as opposed to steps 2-5.

The mechanics of ensuring data familiarity mirrors much of the process outlined for the thematic analysis of survey data in chapter five, but on a larger scale given the volume of interview data yielded. Bailey (2008) emphasises the value of manual

transcribing, and although slightly dated with the emergence of AI technologies, I did choose this method, primarily to support the process of data immersion. I therefore manually transcribed the interview text for each transcript, initially roughly by hand and then from my handwritten text I word processed them. While this process was very time consuming, I found it invaluable in getting acquainted with the interview text and fully committing to hearing the discussions. It is noted that transcripts must be verbatim and should incorporate where possible non-verbal communications like gestures or pauses or emotions not captured within the verbal data as this adds depth to the analysis of the participant lived experience (Smith and Nizza 2022). Vicary and Ferguson (2024) acknowledge that some IPA data collection will take place virtually, as mine was required to, due to COVID restrictions placed on face-face-data collection and while they note the potential for automatic transcription with some platforms including Microsoft Teams, they caution against use of this as it can be an immediate barrier to the depth of data familiarisation that is essential within IPA. This was not an option I considered but, had I been tempted, it would not have been possible as Microsoft Teams software does not appear able to accurately transcribe Scottish accents effectively. Nizza and Smith (2022) hold an alternative view and do highlight the possibility of utilising software technology and tools to support with transcription, particularly where data volume is high. Point and Baruch (2023) suggest that it is ideal for a sole researcher to transcribe as this approach supports rigour within the transcription process, and they highlight potential issues with consistency and reduced data immersion, when a team of researchers have taken part in transcription, however as a sole principal investigator, this was not a consideration for me.

Manual handling and analysis of the research data was selected over the use of NVivo or other computer-assisted qualitative data analysis software (CAQDAS) for several methodological and epistemological reasons. First, the study adopts an interpretivist orientation, and the analytic approaches used—reflexive thematic analysis and Interpretative Phenomenological Analysis (IPA) both have a foundation highlighting the researcher as an active participant in the research. Braun and Clarke (2021) and Smith et al. (2009) argue that both these methods rely on deep immersion, iterative reading, and close interpretative work that can be diluted when coding is undertaken using software. Manual analysis therefore supports a deeper and more robust engagement with the data, enabling the researcher to become fully immersed in the data.

Second, the dataset for this study was of a manageable size, making manual analysis both feasible and methodologically appropriate. CAQDAS tools offer notable

advantages for large, multi-researcher projects, however, for a doctoral study with a contained dataset, manual coding allows for greater coherence within the data analysis process. This approach also supports the development of the researcher's skillset, which is a core foundation of doctoral training.

Third, manual handling of the data aligns with the study's commitment to reflexivity. Without the structuring influence of pre-set coding hierarchies or automated functions, the researcher retains full responsibility for generating, refining, and interpreting codes and themes. This fosters transparency in decision-making and allows reflexive insights to weave throughout data analysis.

Data management is noted as an important consideration, not only for practical reasons but also to minimise the risk of the researcher becoming overwhelmed or burnt out, with either the volume of data or the emotive nature of the data. I had considered software to support with data management but concluded that my learning style fitted with manual data management using printed/written text initially. To ensure all data was kept securely and in an organised fashion I used the University of Stirling Microsoft Teams platform to store and manage electronic data, with hard copies being kept in a locked filing cabinet as per ethical approvals both from the University of Stirling and the NHS REC.

Smith and Nizza (2022) opine that it is optimal for the researcher to simultaneously read the transcript while listening to the recorded interview as this places the researcher back within the interview and strengthens the researcher's memory of nuances within the interview which may not immediately be visible in the transcript. During this process they suggest that the researcher begins to make exploratory notes for each transcript. Smith et al. (2009) described exploratory notes an initial noting as it acts as the bridge between data immersion and data analysis and therefore acts as the initial step in analysis by noting an additional depth of descriptive commentary to each transcript. I created exploratory notes by writing thoughts and reflections on a hard copy of each transcript while listening to the interview recording. I found this process comfortable as it mirrors reflective journalling which is embedded in my research practice. Smith et al. (2009) the suggest that subsequent iterations of comments will become more analytical in nature therefore leading naturally into the development of personal experiential themes within each transcript. Examples of transcripts with exploratory notes can be seen within the appendices.

vii. Overview of IPA data analysis

IPA was employed during the data analysis, with each step outlined above methodically completed for each of the 22 participants. In summary, twelve participants from across professional disciplines including health visiting and social work and ten care givers and young people participated in interviews. The geographical mapping as described in chapter two provided geographical boundaries for sampling, from within which participants were recruited to ensure homogeneity within the two groups of interviewees.

I worked through the analysis of my data on three levels: firstly, I immersed myself in the data yielded from the twelve professional participants, and identified firstly personal themes from each individual transcript, then considered the personal themes together to identify group themes. This process was then repeated for the data from the interviews with the ten caregiver and young people participants. Finally, the process of looking at the group themes from each data set together to identify any commonalities between the two completed the IPA data analysis process.

viii. Experiential statements

Terminology used within IPA has developed and shifted in line with the method itself. Smith et al. (2009) referred to emergent themes, but Smith and Nizza (2022) note that experiential statements is now the preferred terminology. Smith et al. (2022) suggest that, while emergent themes were focused predominantly on the data and account yielded by participants, experiential statements also reflect the researcher's sense making of these within analysis.

Experiential statements are developed from exploratory notes by the researcher creating succinct and concise summaries of key areas of importance noted within the exploratory notes. Nizza et al. (2021) emphasise the importance of the experiential statement by including consideration of them as one of four indicators used to assess the quality of an IPA study, measuring their quality on how clearly the experiential statements focus on the important experiential meaning of participants' accounts given within the data, and considering how these give depth to the analysis by opining that what signifies quality of analysis within IPA is analysis which bridges from experiential into existential themes.

All phenomenology is concerned with making sense of making sense of events. Where IPA differs is the depth of reflection and analysis of the participants' narrative. This is

described by Vicary and Ferguson as 'staying immersed' within the data (2024 p 50). They describe moving between parts and the whole of the data as a fundamental component of phenomenology and a supportive foundation of the interpretive focus within IPA. This is a conscious move away from the descriptive foundations of other forms of phenomenology and a reason why IPA is noted as being both forward thinking and analytical (Tuffour 2017, Noon 2018). Vicary and Ferguson (2024) acknowledge that, particularly for novice researchers like me, this can provoke a sense of anxiety around decision making relating to which themes to prioritise as experiential statements due to the inherent importance of the researcher's interpretation and judgment of the data.

Examples of experiential statements are seen within the appendices.

ix. Experiential themes

As noted above, to support readability, personal experiential themes or PETs are referred to in the narrative text as personal themes, and group experiential themes or GETs are referred to as group themes.

Reflecting on the process, the importance of systematic analysis of the data was crucial given the diversity of the accounts to avoid any blurring or merging of participant narrative, as this could have impacted on the overall analysis and next step, which is the creation of group experiential themes, also referred to as group themes. Therefore, all personal themes were identified and considered for each transcript before moving to the phase of merging them to consider group themes.

At the point when personal themes have been created, Smith et al. (2009) reflect on the changes in the data set at this point, because the original transcripts are superseded by the researchers notes and analysis of the data making the sets much bigger than they started which can make the management of the data more complex. Smith et al. (2009) note that this can be uncomfortable for the researcher, as creating personal themes involves separating out the data into more individual sections of data which can lead to sense of diminishing the participants story as shared, however Gauntlett et al. (2017) note that this process of fragmenting the data is an important component within the hermeneutic process as after the fragmentation and analysis and creation of personal themes, the researcher brings the individual data and subsequent personal themes together again to create a new whole thereby closing the hermeneutic circle.

During this process I used both hard copies of the interview transcripts and electronic tables, initially highlighting connections between personal themes on hard copies and then organising and categorising these in electronic tables. Again, being mindful of the volume of data I had gathered within my study, I remained focussed on and committed to a methodical approach to this phase of analysis by ensuring that I worked through each transcript individually to identify connections between personal themes within each transcript. These were tabulated and reflected on before moving onto the next transcript. This maintains the necessary focus on the individual as required by the underpinning IPA foundation of idiography. Smith et al. (2009) warn researchers to remain insightful to the possibility of personal themes in later transcripts being influenced by personal themes noted in previous transcripts. This links back to the process of bracketing as noted above by ensuring that the personal themes from each transcript are bracketed before moving onto the next transcript. This could arguably be easier when a team of researchers are working on an IPA study as this naturally supports bracketing, but as a sole PI, I felt I had to be mindful of bracketing at this point in data analysis and built in processes to support me with this. I ensured that I took a physical break of least an overnight between working on each transcript to allow me to make a conscious effort to refresh and reset. While, of course, this didn't mean I forgot the personal themes identified in the previous transcript, it did foster a sense of distance which was helpful to me in having a fresh starting point for analysis of each transcript. My reflective journaling was also a helpful tool as it enabled me to get my thoughts and reflections on my analysis down on paper which allowed me to work through a process of closing each individual analysis before moving on to the next.

As highlighted, my progress as a researcher through my PhD journey has allowed me to recognise that my sample sizes were arguably larger than the ideal which resulted in high volumes of data. Smith et al. (2009) suggest that when working with larger samples, numeration is important, as this allows the researcher to measure recurrence of themes across cases and note which personal themes can be classified as recurrent. The parameters for the definition of recurrence are not fixed and will vary between researchers and studies and, as such, I set a loose parameter that if a personal theme occurred in more than half of the transcripts, I would mark it as recurrent.

Moving onto identifying the connections between transcript data, felt to me like somewhat of a puzzle, in terms of figuring out as the researcher how the themes and key insights and experiences from each participant connected. I therefore treated this

phase like a puzzle by using hard copies of the highlighted themes within each individual transcript and physically piecing them together to enable me to visualise the connections between the personal themes. This resulted in the creation of what Smith et al. (2009) describe as a master list of group themes, which are seen in Tables fourteen and seventeen.

Following the identification and creation of both personal and group themes, I then undertook a final review of these to ensure that the required depth of analysis demanded for high quality IPA was present.

f. Conclusion

This chapter has outlined the overarching principles of my study methodology and detailed methods utilised within to guide data collection and analysis. Signposting to the detail within will be noted throughout later chapters.

5. Chapter Five : Professional confidence in identifying neglect. Findings and discussion relevant to RQ2.

a. Introduction

As noted in the literature review in chapter three, the evidence-base identifies that child neglect remains a challenging area of professional practice, in part due to the subjective nature of identifying and assessing child neglect with it widely accepted that child neglect is the most subjective form of abuse (Dubowitz et al. 2018). Alongside this, as highlighted on page 38, there is evidence from significant case reviews and learning reviews that child neglect can be concealed from professionals, thereby rendering it hidden (Care Inspectorate 2021). These findings emphasise the importance of all professionals having the necessary skills and confidence to identify and share concerns around child neglect, as Hood et al. (2021) assert that recognition or identification is the crucial first step in assessing and addressing child welfare concerns including neglect. The literature review has identified this as a consistent gap in practice; therefore, my study aims to address this gap via offering depth and breadth of understanding of professional confidence in identifying child neglect in practice, and factors which influence this. This will then support synthesis of recommendations for policy, practice and research to ensure maximum efficacy in this area.

As highlighted earlier, this chapter will explore and address RQ2:

What levels of confidence do professionals report in identifying and working with child neglect? How does this impact on children who are subject to neglect?

i. Recap of methods

To address the objectives shown on page 19, and to allow RQ2 to be comprehensively answered, data and perspectives from professionals representing a breadth of backgrounds and disciplines were required. Questionnaires were therefore developed and used as described in Chapter four, to explore professional experiences of, and confidence in, identifying child neglect in practice.

ii. Justification for selection of staff groups to participate in questionnaires

As the professional groups selected to participate in the questionnaires were diverse, rather than make the questionnaires generic and broad, I opted to design four different questionnaires and tailor them specifically to each professional group to ensure the data collected is relevant and specific.

Speech and language therapy staff were selected for inclusion because data from the Child Health Scotland Pre Schol (CHS-PS) system indicates that NHS Ayrshire & Arran has elevated levels of children who are not reaching their developmental milestones around communication at the 27–30-month developmental review (completed by the health visitor as part of the Universal Health Visiting pathway (Scottish Government 2024)). This indicates high levels of local need in relation to communication support. Sylvestre (2021) highlights a potential relationship between child neglect and delays in communication development and proposes this is in part due to lack of stimulation and reciprocity in communication within the home environment.

Medved (2022) highlights the paucity of literature and research in relation to the role of speech and language therapy in the United States in identifying child abuse and neglect and contributing to multi-disciplinary or interagency working. Their doctoral findings emphasise this as a significant gap, given the potential information held by speech and language therapists and teams in relation to the impact of neglect on communication development. Although this work had not been published at commencement of my study, my thinking in inclusion of speech and language was aligned with that of Medved (2022) and Grant and Gravestock (2003), and my professional curiosity drove development of this questionnaire and inclusion of speech and language therapy staff within this study.

The questionnaire: Speech and Language Staff experiences of child neglect can be seen in appendix six. It was distributed to thirty-five potential Speech and language therapists working in paediatric teams, employed by NHS Ayrshire & Arran. Sixteen staff completed questionnaires, giving a response rate of 46%.

ChildSmile staff were included to provide a perspective on dental neglect, and the interface between professional concerns about dental neglect and broader concerns about child neglect explored within research (Khalid 2022). In 2009 the British Society

of Paediatric Dentistry published their inaugural policy defining dental neglect as ‘the persistent failure to meet a child's basic oral health needs, likely to result in the serious impairment of the child's oral or general health or development’ and highlighted the role of dental practitioners in contributing to child protection processes (BSPD 2009 n.p.). This policy was recently updated (Ridsdale et al. 2024) and now focuses on identifying unmet need in relation to oral hygiene, rather than apportioning blame. It also aims to take a holistic view of dental neglect in line with other policy. The updated policy document notes that dentists and the wider dental team which includes ChildSmile staff in Scotland, are in a privileged position as health professionals, in that children are often seen regularly for dental check-ups, giving dental professionals an opportunity not only to assess oral hygiene but wider aspects of children’s presentation and care, therefore making their contribution to this study crucial.

The questionnaire: ChildSmile Staff experiences of child neglect can be seen in appendix six. It was distributed to all eleven ChildSmile staff employed by NHS Ayrshire & Arran. Six completed the questionnaire resulting in a response rate of 55%.

Despite nurses' responsibilities and functions in keeping children safe as highlighted by the World Health Organisation (WHO 2016), Lines et al (2020) suggest that there is a lack of research exploring nurses' of keeping children safe within large and complex organisations like the NHS, with associated bureaucracy and processes. This includes gaps in understanding as to how these institutions shape nurses' practices in preventing and responding to child abuse and neglect. This identified lack of research excludes specialist nurses working with children and families in community settings, as identification of child neglect is central to their role (Cowley et al 2015). Paediatric staff nurses employed by NHS Ayrshire & Arran were therefore identified as a crucial group of professionals with a key role to play in the identification of child neglect. Their participation in this study aims to explore the perspectives of these staff in identifying and sharing information about child neglect.

The questionnaire: Nursing Staff experiences of child neglect can be seen in appendix six. It was distributed to 104 acute paediatric nursing staff employed by NHS Ayrshire & Arran, thirty-one staff completed the questionnaires, giving a response rate of 30%.

The final questionnaire participant group consists of professionals who participate in IRD. The National Guidance for Child Protection defines an IRD as ‘the start of the formal process of information sharing, assessment, analysis and decision-making

following reported concern about abuse or neglect of a child or young person (Scottish Government 2021 p 95).

The professionals in this target population comprise child protection health advisors employed by NHS Ayrshire & Arran, social work team managers employed by the three HSCP and detective inspectors/sergeants employed by Police Scotland. These comprise the tripartite professional composition of IRD. Given the definition of the IRD as the start point of decision making around child neglect, obtaining the understanding and perspectives of the professionals involved in this process is crucial, given that the decision making at IRD influences subsequent professional assessment and input with the children.

It was distributed to all thirty-three professionals who participate in IRD in relation to children living in Ayrshire & Arran. Twenty-five completed the questionnaire giving a response rate of 76%.

b. Findings

Alongside exploring factors which trigger professional concern about child neglect, the questionnaires also asked participants to self-identify their levels of confidence in identifying child neglect.

i. Professional identification of level of confidence in recognising child neglect

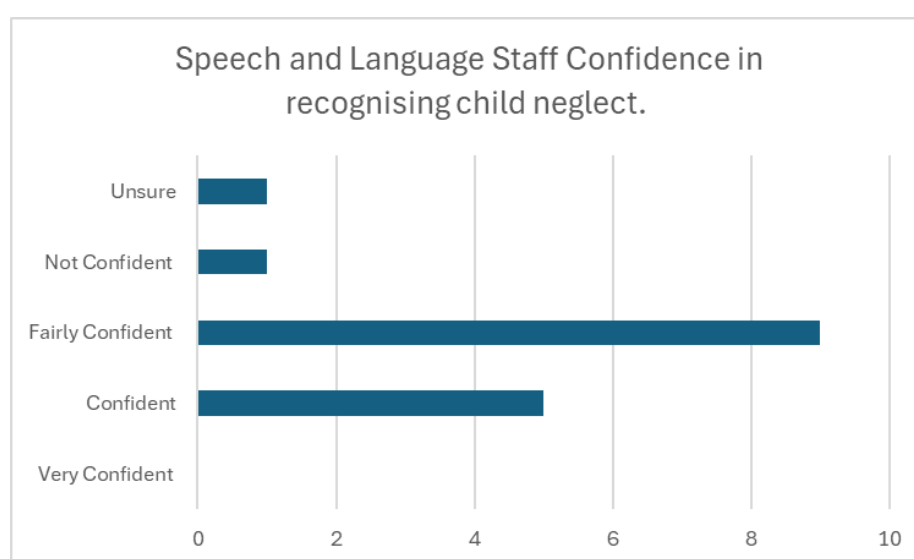


Figure 5: Speech and Language Staff Confidence in recognising child neglect

Figure five shows that 87.6% of speech and language therapy staff self-identified as being at least fairly confident in recognising child neglect, with only 6.2% reporting being not confident in recognising child neglect.



Figure 6: ChildSmile Staff Confidence in recognising child neglect

Figure six shows that 83.4% of ChildSmile staff self-identified as being at least fairly confident in recognising child neglect. These findings are interpreted with caution given the small population and sample of ChildSmile participants.

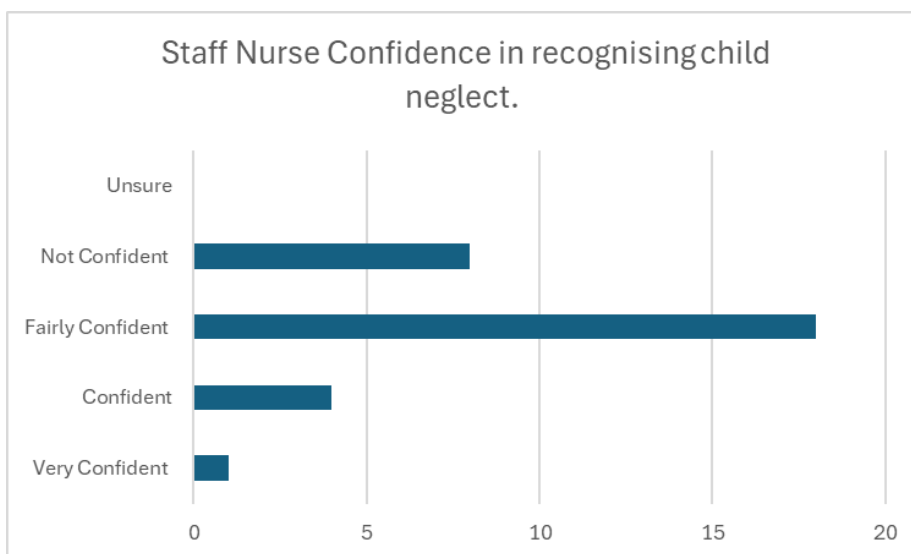


Figure 7: Staff Nurse Confidence in recognising child neglect

Figure seven shows that 74.2% of staff nurses self-identified as being at least fairly confident in recognising child neglect. Out of all three staff groups, staff nurses show the lowest levels of confidence. This is explored within the thematic analysis of the qualitative data.

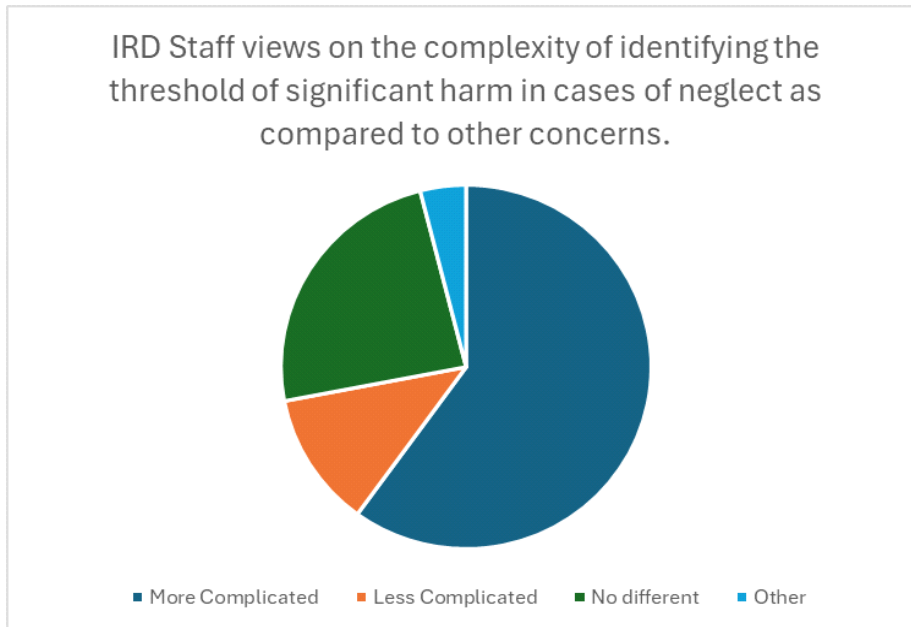


Figure 8: IRD Staff views on the complexity of identifying the threshold of significant harm in cases of neglect as compared to other concerns.

Within Figure eight, it is seen that during IRD, professional participants find it more complex to identify the threshold of significant harm when considering neglect compared to other types of abuse. Some of the qualitative data from the questionnaires gives further perspective on this and is further discussed below.

ii. Factors which influence professional confidence in identifying child neglect

In order to best explore and make sense of the themes drawn from the questionnaire data, the themes are grouped together into domains. Vaismoradi et al. (2016) define domains in this context as broader categories, within which themes are nested together. There are cautions around use of domains within thematic analysis, as Morgan (2022) suggests that use of domain summaries in thematic analysis can negatively impact the analysis of implicit data underpinning themes, however here domains are not used instead of themes, rather to group the themes into domains contain connections to more effectively link my findings to the bodies of existing literature.

Table 12: Final list of themes from thematic analysis of questionnaire data

FINAL LIST OF THEMES	DOMAIN
Childs experience of care and environment	Environmental Factor
Role of poverty	Environmental Factor
Impact of trauma	Environmental Factor
Parental complicating factors and adversity	Environmental Factor
Importance of reciprocity, love, and nurture	Caregiver Factor
Parent/Caregivers commitment to addressing need and strengthening care delivery	Caregiver Factor
Behaviour changes in making and sustaining positive changes	Caregiver Factor
Strengthening knowledge	Professional Factor
Uncertainty and collaborative thinking	Professional Factor
Thresholds of risk	Professional Factor

Although the final list of themes is shown above, the findings which show the development of these themes as part of the TA process are crucial to the analysis and are therefore summarised below in Figure nine.

iii. Codes and themes

An example of code development is shown here in Table thirteen. As seen, the process of thematic analysis enabled all participant data relating to children's clothing to be brought together into a simple code 'Clothing'.

Table 13: Code development

Interview Text Excerpts from ChildSmile staff experiences of child neglect questionnaire	Code
Failure to cater to a child's basic needs...proper clothing in line with season Children denied of their basic needs...clothing inappropriate clothes for the current weather	CLOTHING

Similar codes were then grouped together to form a series of initial themes as shown below in Figure nine.

Initial Theme: Appearance of the Child	Initial Theme: Unmet need	Initial Theme: Nutritional needs
Codes: Clothing Appearance Things Dirty	Codes: Failure to... Omission	Codes: Diet Hungry Dental caries

Initial Theme: Environment in which the child lives	Initial Theme: Parental engagement with health and dental services	Initial Theme: Parental complicating factors
Codes: Housing Home conditions Cold	Codes: Supports Relationships Consistency	Codes: Mental Health Use of Alcohol or Substances

Initial Theme: Role of poverty	Initial Theme: Chronicity of neglect	Initial Theme: Thresholds of risk
Codes: Failure to provide Absence	Codes: Persistent Duration Repetition Patterns	Codes: Evidence Impact Intuition Disagreement

Initial Theme: Parental capacity to make and sustain change	Initial Theme: Reciprocity in interactions	Initial Theme: Modelling
Codes: Change Willingness Consistency	Codes: Attachment Love Nurture Care Security	Codes: Relationships

Initial Theme: Impact of trauma	Initial Theme: Parental commitment to interventions	Initial Theme: Lack of access to appropriate play and stimulation
Codes: Trauma Adversity Generational Effect Expectations	Codes: Homework Willingness Effort Consistency	Codes: Education School Play Learning Dummy Use Development

Initial Theme: Non-engagement with health and dental services	Initial Theme: Care delivery	Initial Theme: Uncertainty and collaborative thinking
Codes: Non-engagement Was not brought Missed appointment Follow-up	Codes: Provide/Provision Expectations of levels of care	Codes: Uncertainty Questioning Discomfort Supervision Peers Discussion Conflict

Initial Theme: Strengthening knowledge
Codes: Training Education Experience Lack of experience Child Protection Team

Figure 9: Theme development and associated codes

These initial themes were refined to result in the final list as shown in Table twelve. These final themes are now analysed and explored in the context of current practice, policy and literature.

c. Discussion

i. Reflections on use of thematic analysis

Braun and Clarke have described the sharp increase in use of thematic analysis as ‘an explosion’ (Braun and Clarke 2019 p 589) which captures clearly, the growing interest in this research method. They define thematic analysis as a method for identifying, analysing, and interpreting patterns of meaning (‘themes’) within qualitative data’

(Braun and Clarke 2021). This is clearly a simplistic description of a highly popular research method, being applied in a wide range of settings. As noted in Figure two, thematic analysis was utilised to analyse the data from the four questionnaires disseminated to staff.

It is noted that thematic analysis is sometimes considered a single method with a clear process to be followed resulting in a framework for analysis of qualitative data, however Fugard and Potts (2020) suggest that a spectrum or family of approaches is a more apt description. Considering a spectrum or continuum, reflexive thematic analysis would sit at the far end of the continuum which begins with coding reliability approaches, working through to codebook approaches and culminating in reflexive thematic analysis (Braun and Clarke 2021). Reflexive thematic analysis is characterised by the notion of development of themes from codes, which Braun and Clarke (2021) argue allows the researcher to develop and synthesise concepts from codes to themes which supports a qualitative ethos to data analysis. They do however caution that how the researcher interprets and analyses the codes and develops these into themes is crucial to the success of the method as without robust interpretation, the resulting themes risk being too descriptive and merely summaries of codes or topics seen within the data gathered. The value of the role of the researcher in interpretation is interesting, as it could be hypothesised that to effectively interpret, researcher expertise and experience is fundamental, which leads to the possibility of some tensions within methodological fields when considering the importance of researcher positionality and influence within data analysis versus the importance of minimising potential bias within the study. Braun and Clarke (2022) attempt to address this tension via their discourse around becoming a 'knowing researcher' and indeed emphasise that reflexive thematic analysis acknowledges that the researcher is active within the data analysis and brings their own perspective to the research. This results in it being a method which is inherently more subjective than other variations of thematic analysis, making the transparency throughout the study on researcher positionality crucial. Braun and Clarke (2022) suggest that rather than adopt a starting point of being apologetic for potential bias due to researcher experience and expertise, this could be reframed as reflexive research practice. This fits with the epistemological position of constructivism in acknowledging that new knowledge is co-created by both participant and researcher (Finlay 2021).

ii. Semantic and latent themes

Semantic codes are defined as codes which are identified directly from the data- i.e. they are views and perspectives taken directly from the data without any further analysis by the researcher (Terry and Hayfield 2021). They could therefore be considered as visible or surface level findings from the data gathered. All four of the examples of codes given in Table thirteen are semantic codes. Their meaning is clear without analysis or deeper consideration of the context, or intricate sense making of the text excerpts.

Latent codes on the contrary according to Braun and Clarke (2022) are deeper, and are formulated and developed rather than identified, as they require the researcher to analyse and make sense of the data prior to arriving at defining a code.

Considering the notion of the positionality of the researcher, I hypothesised that semantic codes would be less impacted by differing values and understanding and would be broadly reproduceable irrespective of who was analysis the text whereas the development of latent codes is more influenced by the researcher and therefore open to variability and subjectivity, which also mirrors the challenges noted around the subjective nature of neglect. I hypothesise that this split into two differing levels of depth mirrors the differing understandings and perspectives in child neglect within UK society. The concepts of semantic and latent codes feel specifically relevant to this study on child neglect given the theme identified within the literature review highlighting that child neglect is an extraordinarily complex and subjective phenomenon (Daniel 2015). The thematic analysis process provides an opportunity to consider this concept of complexity on various levels in terms of how professionals identify and make sense of neglect.

iii. Discussion on environmental factors which influence child neglect

Several of the more surface-level or semantic themes finalised from analysis of the data confirm the multi-faceted and complex nature of child neglect by bringing together key areas of concern highlighted by practitioners as key factors in driving them to consider that a child's need may not be being met or that they may be subject to neglect, i.e. appearance of the child and environment in which the child lives. These are categorised into the environmental factor's domain.

In line with the updated definition of child neglect highlighting the connections between social stresses, and child neglect, environmental factors were the most common

category of factor identified by survey respondents when considering how they understand child neglect. Unsurprisingly the participants identified poverty within their sense-making processes. Four environmental factors were identified: Child's experience of care and environment, the role of poverty, the impact of trauma and parental complicating factors and adversity.

All participants highlighted the child's experience of care and environment. Where participants carry out home visits as part of their professional role, they were able to reflect the child's living environment and used that as a foundation to attempt to make sense of the care that the child receives, and what their lived experience and care they receive could look like. Some examples from free text responses include:

'I attended a house visit many years ago with poor living conditions. Poor floor coverings, food over the floor'

'I have witnessed many situations where I was concerned for a child. For example... the house was not fit for purpose, lawn mower in lounge, boxes and tools lying around, or the parent not caring about child's appearance, often dirty and unkempt looking'

Conversely, where respondents do not carry out home visits within their professional role, they reflected frequently on how this results in a sense of limitation to their sense-making processes, and assessment of concerns. They were still able to offer examples where they had recognised concerns around the child's presentation and were able to relate this more holistically to concerns that the child could be subject to neglect. Some examples include:

'Can think of one child who came into the ward over Christmas and had no clean pyjamas and his fingernails and hair were dirty'

'I remember seeing a young child with dirt under finger/toenails and smelling of tobacco smoke - looking unkempt and clothing was dirty'

The lack of opportunity for professionals who only see children and young people within a hospital/clinic or community setting to have insight into how the children live at home was highlighted frequently by study respondents:

'Parents can hide things easily because we don't see the home'

‘we don’t see children or young people in their own environment so we rely very heavily on parental reporting of situations which can be challenging’

‘It’s hard because we don’t see their clothes or diet when they’re on the ward with us and that can make it impossible to really know if neglect is causing the problem’

These respondents did highlight this lack of holistic understanding as a factor which had a negative impact on their confidence in recognising neglect. It is of course outwith the sphere of responsibility of most professionals who encounter children and young people in the course of their professional work to carry out home visits and make holistic assessments of children’s circumstances, however information sharing and flow of information to ensure that these holistic assessments are facilitated by the appropriate professionals is crucial. As highlighted, neglect is multi-faceted and broad in presentation and has been described as a jigsaw with many professionals all holding small pieces of information which all need to be gathered and analysed to ensure that a full understanding of the child’s needs is undertaken. This is a driving principle of the Children and Young People (Scotland) Act 2014, and a foundation of the unsuccessful Named Person legislation. Findings of SCRs and LR’s continue to highlight some gaps in information sharing which suggests that the GIRFEC principles may still not be fully embedded across areas of practice where work with children and young people is not necessarily the primary focus.

The other environmental factors highlighted as themes include poverty, and parents’ experiences of trauma and adversity. While it is acknowledged that parental trauma and adversity overlap into being a caregiver factor, the Scottish public health approach to ACEs indicates that these should no longer be considered individual factors, rather structural and collective, hence their inclusion within environmental factors.

iv. Discussion on caregiver factors which influence child neglect

As seen within the final list of themes identified, the needs of parents and caregivers appear widely considered when practitioners attempt to make sense of child neglect. Within the literature there is evidence that the needs of children can indeed often be outweighed by the perceived needs of the adults caring for them.

In earlier literature considering child neglect alongside other forms of abuse, there has been a focus on the importance of hearing the child’s voice and urging professionals to focus on the impact of the neglect on the child (Mannion 2011) Much of this shift in the

UK was driven by the publication of The Munro review of child protection: Final report, a child-centred system (Munro 2011) which, drawing on the principles contained within the UNCRC outlined the need to refocus the child protection system in the UK to ensure it was child centred. In a child neglect specific context, as seen in chapter three, the use of tools to support assessment of child neglect make attempts to strengthen professionals to understand the impact of neglect on individual children and to evidence this objectively. The GCP2 gives an example of this where it highlights the notion of 'net care delivered'. This aims to keep the professional focus solely on the child, and to guide the assessment to consider the impact of the neglect from the child's perspective. GCP2 theoretical guidance defines net care delivered as the outcome of instinctive parenting (Srivastava et al. 2017) which they cite as being a 'biological drive to ensure survival of progeny' (Srivastava et al. 2017 p 7). The GPC scoring matrix aims to provide professionals with a set of scoring measures that assess care delivered to children based on an equation which begins with instinctive parenting, then allows either positive or negative mitigation for socio-familial circumstances, parental attributes and child attributes and then taking all these into account concludes the levels of net care delivered to the child. While the guidance for the GCP2 does indicate that these contextual factors should be analysed and mitigations to factors like poverty included in planning, this may not be a holistic enough approach to support families to successfully make and sustain change. While the GCP2 and other similar tool may indeed offer professionals a framework to assess neglect and how it is impacting on individual children and young people, this approach may not provide the most effective foundation from which to make and sustain change.

Given that neglect is considered abuse by omission as noted on p83, rather than commission, plans to address this require parents and caregivers to 'do things' rather than not do them, which is underpinned by a completely different set of behaviour change principles than for example a plan requiring parents not to use physical chastisement. In planning and intervention to address neglect more so than other forms of abuse, shared goal setting and shared understanding is crucial to enable parents to engage in behaviour change, therefore their needs and challenges must be analysed fully and transparently acknowledged within planning processes. This is echoed in the more current Scottish policy driver; the Promise (Independent Care Review 2020 p25) where the concept of 'scaffolding' is noted and states 'The scaffolding of help, support and accountability must be ready and responsive when it is required.' This ties in strongly to the Capacity to Change (C-Change) process (Platt et al. 2017) which was developed as a framework to complement GIRFEC while

focussing on family and caregiver capacity and motivation to make and sustain changes. Although developed initially to support social work practice, the process can be used across professions, making it particularly relevant in the context of work with neglect.

The data from my study highlights that professionals inherently do consider parent/caregiver factors when they attempt to make sense of neglect. This is important because it again highlights the importance of addressing the known challenges and tensions in the crossover between adult services and children services in terms of joint working and information sharing and it also leads to the hypothesis that as Getting it Right For Everyone (GIRFE) is being considered as an approach, the possibility of exploring planning processes that jointly consider parental and child needs without losing the child-centred approach may be worth exploring in the context of child neglect.

v. Discussion on professional factors which influence recognition and work with child neglect

The first key professional factor's theme analysed from the data is that of uncertainty and collaborative thinking when identifying and defining concerns around child neglect. This is noted as the key latent theme drawn from the data. The notion of collaborative thinking to understand and justify concerns around child neglect appears to be a solution synthesised within practice to mitigate the findings within the literature review noting that child neglect is a subjective area of practice. It fits comfortably with key policy including the Team With The Family (TWTF) approach emphasised within the refreshed GIRFEC materials published in 2022. The TWTF is defined as 'a proportionate approach to meet the needs of the child/young person and is facilitated by the named person and lead professional (if there is one) from early support stages up to Child Protection (Scottish Government 2022 n.p.). This is underpinned by the emphasis within the National Child Protection Guidelines (Scottish Government 2021) that rather than being two distinct entities, wellbeing and child protection are at either end of a continuum with the GIRFEC principles being consistently applicable throughout all work with children and families irrespective of where on said continuum their need is assessed or perceived to be. Given the refreshed definition of child neglect which highlights that 'neglect is an indicator of both need and protection (Scottish Government 2021 p 13,' the concept of viewing neglect on a continuum as per the National Child Protection guidelines, rather than using professional thresholds may be a mechanism to making policy work most effectively in practice to support

practitioners. Strengthening use of the TWTF approach would also strengthen the links between policy, the findings of this study and other research, and practice by offering a forum for professionals to collaborate both with each other to make sense of their concerns about child neglect, and with families to work together using a shared understanding of the concerns about child neglect as the foundation.

Given that in each of the questionnaires, the participants as noted above in Figures five, six and seven, did identify themselves as being confident in identifying child neglect, this provides some evidence that neglect can in some cases remain hidden not because concerns have managed to evade all professionals who have had sight of the child, but rather because of gaps around how these concerns are shared and jointly analysed. Munro (2008) compared multi-agency assessment to assembling a jigsaw puzzle, where each participant holds a small piece contributing to the overall bigger picture and Lane et al. (2016) have described child protection and neglect using the analogy of a jigsaw puzzle and given the complexity and multi-faceted nature of child neglect, it can be assumed that it would be inherently difficult for any one individual practitioner to be in possession of information and concern relating to each aspect of a child or young person's life. Again, this highlights the importance of making more consistent use of GIRFEC TWTF processes, but crucially, widening these to ensure full representation from all professionals providing care or support to the family rather than just those working directly with the child. This offers a holistic approach which will allow for a lead professional or named person to carry out assessment and analysis based on a full spectrum of relevant information pertaining to the family. As noted, the National Practice Model comprises tools like the My World Triangle, which is underpinned by Bronfenbrenner's ecological systems theory which notes that children do not exist in isolation, they exist in family groups, and therefore the levels of care they receive are dependent on a family (and wider community) therefore the needs of both need to be analysed together. Aziz (2024) provides a global perspective supporting this model based on studies from the middle east.

vi. Strengths and limitations of thematic analysis and my study findings

When designing my study and researching thematic analysis, it was difficult to separate the concept of thematic analysis from Braun and Clarke, as the two seem to have become synonymous, with Braun and Clarke having written a wealth of papers on the use and development of thematic analysis which are heavily cited. When justifying use of this method within my study, much reference is therefore made to Braun and Clarke, which results in a sense of imbalance which may be perceived as a

limitation, however it feels counterproductive not to rely on the published expertise around the method.

It is broadly assumed within my analysis that the data collected from the participants via the questionnaires will be broadly representative of each target population, however, it is acknowledged that there will always be an inherent bias in that certain staff will be more inclined to prioritise participation in studies which may impact on findings, although this cannot be measured. Sedgewick (2014) refers to this as non-response bias. The approach of extending the questionnaire to the whole target population also has the benefit of reducing the risk of what Taherdoost (2016) identifies as a sampling bias which is defined as under- or over-representation of any particular subgroup within the target population. Sedgewick (2014) cautions however that self-selection within the target population among those who self-select to participate in the study will still exist. To support and encourage participation, particularly from those potential participants who may have been less likely to prioritise participation, I attended team meetings where possible to give an overview of my study and its aims, and to emphasise the data collection plans and the benefits and risks of participation. I did not attempt to persuade or coerce people to participate in the study and fully informed consent was sought and provided before potential participants took part in any part of the study.

There were, however, some challenges noted with the dissemination of the questionnaires. As the data collection period was during the COVID-19 pandemic, support for research within NHS boards and HSCP was not a priority action due to the competing demands of providing frontline care during the pandemic. Staffing challenges were well documented as some staff had been redeployed into other roles to support care delivery in COVID wards in acute settings, or care was being delivered virtually or utilising alternative formats. These changes meant it was challenging for staff to navigate normal working practices and work-life balance, meaning they had even less time than usual to spend participating in research. Although my experience in practice of the impact of the pandemic on NHS based research was not positive, Wyatt et al. (2021) provide an alternative viewpoint and evidence some positive aspects of the pandemic on research functions within NHS trusts, by highlighting the speed and flexibility with which NHS teams were able to focus on research relevant to mitigating the impact of the pandemic. It is noted also that NHS Research Scotland was guided by the National Institute for Health and Care Research (NIHR) and worked

to the NIHR published Restart Framework to support research which was paused during the pandemic to be carried out safely (NIHR 2020).

Considering the challenges on the target populations for my four questionnaires, the impact of the COVID pandemic was felt notably on the paediatric nursing staff and ChildSmile populations. Although the format of speech and language assessment and support changed in response to the pandemic, care delivery continued, and IRD remained a clinical priority throughout the pandemic. So, for staff in these target populations, work with and on behalf of children and young people continued, meaning that staff were still focussed on issues relating to holistic care delivery. Staff in the ChildSmile population, however as noted above, were redeployed into alternative roles meaning that at the point of data collection, they were not working directly in their role providing support for oral hygiene to children. This meant that their professional focus may have shifted. It is acknowledged that this has potential to impact on the data yielded and this is considered throughout the analyses. However, despite these challenges, comprehensive data were collected which is a clear strength of my study.

d. Conclusion to professional confidence in identifying neglect

RQ2 asked *'What levels of confidence do professionals report in identifying and working with child neglect? How does this impact on children who are subject to neglect?'*

The questionnaire data and analysis provide a clear answer to both components of RQ2.

As highlighted above, following analysis of the survey findings, it was demonstrated that 74.2% of staff nurses, 83.4% of ChildSmile staff and 87.6% of speech and language therapy staff self-identified as being at least fairly confident in recognising child neglect. This suggests that professionals feel confident at recognising neglect, but less certain on how to act post recognition.

Considering the impact to children, uncertainty around how best to act or react when concerns around neglect has potential to result in delays in information sharing and reporting of concerns. The evidence is clear that delay in sharing concerns can lead to increased harm to children (NSPCC 2024). A key learning point that is emerging post pandemic is, confirmation that reduced visibility of children, and therefore reduced

visibility of risk and need does lead to delays in responding to risk and harm to children (Goldfeld et al. 2010) strengthening the importance of staff feeling confident and competent to make timeous referrals and share information correctly and timeously. This is well entrenched in literature and guidance. However, the findings of my study provide evidence that staff do feel confident in recognising signs of child neglect, therefore, a key recommendation from my study is that organisations should focus on strengthening professional confidence in escalating and sharing concerns. This will ensure that this confidence in recognising concerns around child neglect is capitalised and utilised to full effect to support information sharing and shared analysis of need, as these are required to fulfil the GIRFEC aim of maximising outcomes for children. This is further discussed in chapter seven.

6. Chapter Six: Commonalities and/or differences in how families and professionals understand child neglect. Findings and discussion relevant to RQ4

a. Introduction

This phase of my study aimed to explore lived experience of child neglect, to understand if there are commonalities and/or differences between how families and professionals understand child neglect. Daniel and Scott (2018) stress that for interventions aimed at addressing neglect to be truly effective, professionals must build meaningful relationships with families. Central to this process are trust and mutual respect, as highlighted by Ingram et al. (2015) and Pecora et al. (2012). Without a shared understanding between practitioners and families regarding what constitutes neglect and its impact on children, genuine trust is unlikely to develop. In the absence of trust, there is a risk of superficial engagement or behaviours that mask resistance to change. Davis et al. (2015) and Allnock (2015) also argue that when aiming to support behavioural change, confidence in both the intervention and the professional delivering it is crucial. This chapter uses the data from the IPA interviews to explore some factors which shape how professionals and families construct their understanding of neglect, and any subsequent areas of connect or disconnect.

This phase of the study aims to address the following research sub-question RQ4:

Are there commonalities and/or differences between how families and professionals understand child neglect?

i. Recap of methods used- situating IPA within my study

IPA is utilised within this strand of data collection. IPA seeks to “give voice” to a phenomenon and to then make sense of that initial description in relation to wider social, cultural and theoretical contexts (Larkin et al. 2006 p108). Quest (2014, p. 43), as cited in Noon (2018), agrees that IPA research explicitly commits to understanding the person within their environment, rather than focusing solely on the phenomenon as experienced. While on commencement of my studies, IPA had not been used extensively within multi methods studies, its use is justified and validated elsewhere and there are published examples of successful use of IPA within both mixed and multi method studies (Taylor 2014, Wilmots et al. 2019). Recently, Nizza and Smith (2022)

acknowledge that IPA is being successfully situated within mixed and multi-method studies and classify this as a variation on the basic IPA design. Vicary and Ferguson suggest that consideration of socio-cultural situated-ness within IPA may support rounded synthesis (Vicary and Ferguson 2024 p79) which further justified my multi methods design, but due consideration around how best to ensure the depth of focus on individual lived experience was maintained, within this broader social context was an important consideration for me as a developing researcher. Noon (2018) highlights this as a common tension within IPA research: the balance between idiography and the necessary focus on the importance of the individual, and the creation of group experiential themes which introduces the risk of blurring the narrative of individual lived experiences and shifting the focus away from the individual. This therefore is described as 'uncomfortable dualism' (Noon 2018 p81). Smith et al. (2009) however, offer the counter perspective that this tension can be resolved by working methodically through data analysis, exhausting understanding and analysis of each individual transcript before attempting to integrate the findings to identify group experiential themes.

b. Findings from family participant data

i. Personal themes drawn from findings from interviews with family participants

While noting the need for interpretation throughout IPA data analysis, it is also cautioned that researchers must not assume or decide on or arrive at creation of themes quickly. Smith and Nizza (2022) warn that reflection and deep consideration is required. To ensure this, each transcript, exploratory notes and associated experiential statements (examples within the appendices) were analysed individually to make sense of individual participants' experiences and to understand the individual meaning and sense each participant made of child neglect and their lived experiences of this. From this, personal themes and associated sub-themes were developed from both data sets and can be and can be seen below with integrated participant quotes underpinning the themes and sub-themes extrapolated. Themes, sub-themes and participant quotes are highlighted in bold throughout this chapter for ease of identification.

ii. Personal theme one (family participants): Impact of Poverty

Sub-themes: Hardship

Fighting against poverty

Limited choices

The Impact of Poverty was mentioned in various guises unanimously by family participants making it a significant personal theme within the data gathered. Participants articulated clearly how living with poverty shaped their daily lives and parenting, including their ability to meet their children's needs. Under the sub-theme of **Hardship**, one participant reflected on the challenge of feeding their family with limited funds, stating, ***"You know what you want to buy food-wise... but then you've only got a fiver and you're thinking right, how can I get us both fed for a couple of days?"*** This illustrates the constant struggle between nutritional ideals and financial limitations. The second sub-theme **Fighting Against Poverty** was evident in participant accounts of their resourcefulness, such as shopping late at night to access discounted food: ***"I'm always down at TESCO just before it shuts. My Mum sits with the weans and I go for a rake through the yellow labels."*** This provides an example of care-givers proactive efforts to maintain high standards of care despite the impact of poverty. Finally, **Limited Choices** was highlighted as the third sub-theme due to repeated expressions of frustration around use of external support systems, particularly foodbanks: ***"You don't want to have to get a foodbank parcel... it was all crap that was in it like tins of soup. I mean what if you don't even like soup?"*** This comment evidences the sense of lack of agency and limitations on choice often experienced when relying on external supports. Collectively, these reflections on the findings from family participants reveal how poverty not only affects material resources but also impacts emotional wellbeing, decision-making, and their perceptions of self-worth in the context of parenting.

iii. Personal theme two (family participants): Lack of Consistency

Sub-themes: Comparison with peers

Plans and assessments feeling inconsistent

Language used

The second personal theme: **Lack of Consistency** emerged strongly within the data from family participants, suggesting a sense of disconnect and frustration in their

collaborative work with support services. This was particularly evident in the sub-theme **Comparison With Peers**, where one participant questioned the need for the help they received, suggesting others were in greater need: ***“There’s weans much worse off that need help and they’re just wasting time here.”*** Such comparisons evidence a sense that some participants felt that the support and intervention they were receiving was misdirected or unevenly distributed.

The second sub-theme of **Plans and assessments feeling inconsistent**, highlights that participants felt that plans and processes designed to address the impact of child neglect appeared to lack coherence or follow-through. Some participants expressed uncertainty about the intentions and outcomes of these interventions, indicating that they felt disconnected from the decisions being made. The quote ***“I didnae even get what they were talking about...then it dawned on me and I was like that’s no right”*** gives an example of a time during a planning meeting where the participant felt unaware of the relevance of the plan being discussed, despite her being responsible for executing the actions within the plan.

Finally, the **Language used** by professionals played a significant role in shaping the participants’ experience. Descriptions of interactions highlighted a perceived lack of sensitivity, with one professional described as ***“a bit brutal”*** and another quoted that the professional ***“just said whatever was in her head.”*** These comments suggest that communications experienced within collaborative working varied widely, sometimes leaving the participants feeling judged or misunderstood. One particularly emotional excerpt illustrates this tension: ***“It’s like accusing you of abusing your wean when you’re just trying your best... they’d have been told where to go if they had said that to me.”*** These findings highlight how use of language and tone can affect trust and engagement with services.

iv. Personal theme three (family participants): Sense of judgement

Sub-themes: Internal judgements

External judgements

The theme of **Sense of judgement** featured disappointingly prominently within the family interview data. Relating to the first sub-theme of **Internal judgements**, the participants frequently acknowledged the impact of mental health on their ability to cope, with one stating, ***“When your mood’s crap it’s just harder to do everything.”*** This highlights self-awareness of personal limitations and the emotional impact that

parenting responsibilities can carry, particularly in the face of adversity and social stresses.

Considering the second sub-theme of **External judgements**, the participants clearly and consistently spoke about feeling judged by others, particularly professionals, who they felt seemed to pass judgement without having a full understanding of the context of their life. The phrase ***“It’s just dead judgey isn’t it. Like they don’t live your life”*** again highlights the same feelings of disconnect and frustration as noted above. Some participants challenged the perception they felt was held by professionals that neglect is a deliberate act indicating a perceived disconnect in understanding. The participants instead framed neglect as something that can occur despite genuine effort: ***“Neglect’s no something you’re going to want to do... it just happens even when you’re trying your actual best.”*** This quote acutely evidences the feelings shared by participants that they strongly feel the emotional weight of being judged while navigating adversity and social stresses.

v. Personal theme four (family participants): Fears and anxieties

Sub-themes: Fear of loved children being taken away

Anxieties about professional assessment

Stigma

Theme four, **Fears and Anxieties** was deeply embedded in the family participant interview data, suggesting a profound emotional toll associated with their experiences of social support and assessment relating to child neglect. A central fear shared by participants was sub-theme one **Fear of loved children being taken away**, described by one participant as ***“your worst nightmare coming true right in front of you.”*** This fear was not abstract, rather it was rooted in lived experience, and carried lasting emotional damage, with one participant stating, ***“It ruins you as a person.”*** Experiences like this echo the literature on this topic highlighting the devastating impact that having a child removed from their care has on a parent’s sense of identity and stability.

In sub-theme two participants also highlighted **Anxieties around professional assessments**, particularly the unpredictability of home visits and the associated pressure to meet the perceived standards expected by professionals. The participant described having a visceral reaction to the sound of the doorbell, fearing it might be a

social worker and worrying about how their home might be judged: ***“You’re mentally running through the house thinking, aw no, ma washing is sat there piled up.”***

This illustrates how everyday circumstances can become sources of acute stress under the perception of professional scrutiny.

The third sub-theme of **Stigma** further compounded fears and anxieties. Although some participants expressed appreciation for professional supports received, they also admitted in some cases to hiding this support from friends due to the stigma attached to social work support: ***“It’s just that sense of you don’t want to be thought down on.”*** This tension between valuing help and fearing social repercussions highlights some areas of difficulties that families encounter when attempting to work in partnership with professional supports.

vi. **Personal theme five (family participants): Lack of control**

Sub-themes: Pressure

Powerlessness

Reliance on others

The personal theme **Lack of Control** was a recurring theme noted from the family participant data, evidenced through feelings of **Pressure** (sub-theme one), **Powerlessness** (sub-theme two), and **Reliance on others** (sub-theme three). The pressures participants felt from formal meetings and professional scrutiny was particularly distressing, with one describing sleepless nights and a sense of inevitability about being criticised: ***“You just know you’re going to get ripped apart no matter what.”*** This reflects deep anxiety about being judged and a perceived lack of control around the outcomes and decisions of formal meetings in relation to child neglect.

The sub-theme of **Powerlessness** was further illustrated in situations where the participant felt overwhelmed by their responsibilities, with a clear example given in relation to their child’s school attendance. The statement ***“I was honestly at the end of my tether... well you try then”*** suggests a moment of surrender, where the participant felt the need to relinquish control resulting from feelings of sheer exhaustion and desperation. It further highlights the emotional toll of working with professionals to address child neglect.

Reliance on others also emerged as a significant sub-theme, often framed with ambivalence. While support was sometimes welcomed, it also emphasised families lack of agency. For example, in describing a professional who took charge of decluttering their home, one participant noted, ***“She just got stuck in. So I did too, but it was mostly her.”*** This suggests a dynamic where help was accepted, but the participants role within was passive, reinforcing the feeling of being directed rather than empowered.

vii. Personal theme six (family participants): Feelings of Outrage

Sub-themes: Questioning professional authority

Defensiveness

The personal theme of **Feelings of Outrage** emerged as a powerful theme due to several participants reflections on their feelings of disrespect and misunderstanding from interactions with professionals. This was particularly evident in moments of indignation, captured in sub-theme one: questioning professional authority which is captured in the participant quote: ***“How dare they!!”*** where participants reacted strongly to what they felt were unjust assumptions or accusations made by professionals. The statement ***“Who the *expletive* do they think they’re talking to!”*** reflects a visceral defence of their parenting. Another participant asserted their commitment to their children’s wellbeing, stating, ***“My weans have the best of everything... I make sure about that,”*** which demonstrates a sense of pride and protectiveness.

The second sub-theme **Defensiveness** also surfaced in response to professional language and perceived condescension. One participant criticised the use of jargon, saying, ***“They use all these fancy words but havny got a *expletive clue,”*** suggesting a disconnect between professionals’ language and participants lived experience. This comment reveals frustration not only with communication styles but also with the perceived lack of genuine understanding or empathy.

Together, these expressions of outrage and defensiveness highlight broader tensions between the participants and the systems meant to support them. They reflect a struggle for dignity, recognition, and respect in the face of institutional power, and point to the importance of relationship-based and rights-based practice.

viii. Personal theme seven (family participants): Expectations

Sub-themes: Differing goals and aspirations

Intergenerational impact

Peers and community

The theme of **Expectations** is indicative of a disconnect between participants lived experiences and the standards imposed by professionals. Sub-theme one: differing goals and aspirations again is illustrated by a participant who stated emphatically, ***“I don’t want what they want”***. Other participants expressed frustration with what they felt was the prescriptive nature of professional advice, noting that while workers may be trained, they often appeared to lack real-world understanding of how it feels to parent in difficult circumstances: ***“They’ve got all their training and that but that’s no what it’s like really.”***

The second sub-theme **Intergenerational impact**, notably relating to social work involvement also shaped participants perspectives and as such is drawn out as a sub-theme. Having experienced social services as a child, they described current involvement as unsurprising: ***“I had social work when I was wee too.”*** This suggests both a normalisation of intervention across generations, and outlines expected levels of care and parenting.

Peers and community (sub-theme three) played a role in mediating these experiences. Some participants found some comfort in shared circumstances, with one noting that ***“a few of us in my circle have got workers.”*** This commonality allowed for mutual support, humour, and camaraderie, even in the face of challenges. The ability to ***“moan about it”*** and ***“have a laugh”*** with others in similar situations was noted by participants to provide a sense of solidarity and helped to reduce the stigma often associated with professional involvement.

ix. Identification of recurrent personal themes within the family data

Smith et al. (2009) suggest six potential methods to support the researcher in finding patterns or connections within the data. These include abstraction, subsumption,

polarization, contextualisation, numeration and function. Within my study design given the focus on context and holistic exploration of child neglect, I found contextualisation the most relevant in supporting me to identify connections between the personal themes and to begin to bring these together. Smith et al. (2009) define contextualisation as ‘identifying the contextual or narrative elements within an analysis’ (Smith 2009 p 98). They opine that this allows the researcher to focus analysis on the more local underpinnings presented within data gathered. This supports the researcher to group personal themes together in ways that are uniquely important to the study. For me, this was helpful as I felt this fitted comfortably with both my study design and the nature of the homogeneous sample of participants for the IPA.

Table 1: Identification of recurrent themes within the data gathered from family participants

Theme	Participant Identifier (family participants)										Present in more than half of sample
	Q	R	S	T	U	V	W	X	Y	Z	
1.	X	X	X	X	X	X	X	X	X	X	YES
2.	X			X	X		X				NO
3.	X	X	X		X		X	X	X	X	YES
4.		X	X	X			X	X	X		YES
5.			X		X		X				NO
6.	X	X	X		X	X		X		X	YES
7.		X	X	X		X			X	X	YES

Table fourteen above provides a visual overview of which of the seven themes drawn from the data collected from family participants were recurrent, in that more than one participant spoke about them during their interviews. As can be seen above, theme 1 (impact of poverty), theme 3 (sense of judgement) theme 4 (fears and anxieties), theme 6 (sense of outrage) and theme 7 (expectations) were all recurrent across family participants and were therefore crucial in development of group themes.

x. Moving from recurrent personal themes to group themes

As noted above, once all the individual transcripts were fully analysed in sequence and personal themes identified, the process of cross-case analysis was undertaken across the twelve transcripts. Given the volume of data, to support the process of clustering and connecting personal experiential themes, a process of identifying recurring themes was undertaken and tabulated as seen in Tables fourteen and sixteen. This process of

confirming connections and shared thoughts and experiences, enabled the identification and development of the group themes.

xi. Final group themes developed from family participant data

Table fifteen shows how the seven personal themes and sub-themes have been refined into five group themes with associated sub-themes.

Table 2: Final list of group themes and sub-themes drawn from family participant data

Group Theme 1 (family): Feeling misunderstood
1 Feelings of external judgement
2 Lack of understanding of adversity
Group Theme 2 (family): Feeling unsupported
2.1 Perceived inconsistency in assessment and support
2.2 Fears around professional intervention
Group Theme 3 (family): Feelings of lack of power
3.1 Feeling helpless
3.2 Feeling hopeless
3.3 Is it good enough?
Group Theme 4 (family): Disconnect
4.1 Disconnect between peers and professionals
4.2 Disconnected communication
Group Theme 5 (family): Poverty
5.1 Impact of hardship
5.2 Creativity required to mitigate lack of money

xii. Group theme one (family): Feeling misunderstood

Sub-themes: Feelings of external judgement

Life Experiences

The first group theme of **Feeling misunderstood** was highlighted by the quote: **‘They should try walking for a while in my shoes’** and prominently across interviews with family participants, reflecting a shared perception of being judged externally by professionals and a lack of recognition of their lived experiences. As illustrated above, the personal sub-theme of **external judgement** was explicitly referenced by eight out of ten participants, though the nature and intensity of these feelings varied. One participant expressed resignation, stating: ***“You know, they just look down their noses at you. Like, they canny wait to get out of your hoose... I wouldn’ny even offer them a cup of tea or a biscuit cos I’d be affronted if they never took it.”*** Another participant conveyed anger and frustration in relation to their feelings of being misunderstood: ***“I was raging... this *expletive* is sitting opposite me making snidey comments about my weans and saying they’re neglected! Not by me they’re *expletive* no.”*** These accounts highlight a perceived lack of understanding from professionals, contributing to family participants feelings of alienation and ultimately feeling misunderstood by professionals.

Participants also described a sense of futility in their interactions with professionals due to feeling misunderstood by professionals, as exemplified by one individual who noted: ***“You’re always just coming out of that feeling crap aren’t you? Like, doesn’t even matter what you do it’s still no enough.”*** Despite professional participants demonstrating awareness of the impact of adversity on parenting capacity, family participants did not appear to recognise this insight or perceive it as informing professional assessments. This led to development of sub-theme two **Life**

experiences. This disconnect highlights a bigger issue of mutual misunderstanding and the need for more empathetic engagement.

xiii. Group theme two (family): Feeling unsupported

Sub-themes: Perceived inconsistencies in assessment and support

Fears around professional intervention

A recurring theme across family interviews and therefore drawn as a group theme, was **Feelings of being unsupported** with a sub-theme of **perceived inconsistencies in assessment and support** from professionals. Participants frequently questioned the rationale behind service involvement, expressing confusion and frustration over why their families were targeted while others, whom they perceived as more in need, were not. This sentiment was articulated in the quote: ***“I just think that they should have been out you know helping the weans that really need it. I’m no saying I was perfect... but I was never going to hurt him, I was looking after him.”*** Such reflections further emphasise the sense of disconnect highlighted above between professional decision-making and family perceptions of fairness and necessity, contributing to participants feelings of being unjustly scrutinised.

The second sub-theme: **Fear of professional intervention** was explicitly voiced by seven out of ten family participants. While neglect is frequently portrayed in the literature as less severe than other forms of abuse, the intensity of fear in relation to professional intervention for neglect expressed in this study was notable and unexpected. This sense of fear was articulated poignantly with the removal of children the ultimate fear: ***“It’s iye there in the back of your head... they could just ehh, one day say no—you’re no having them anymore and they’d get taken off you. Just like that.”*** The emotional impact of witnessing child removal within their extended family further compounded this fear, as illustrated by their account of a cousin’s experience: ***“She was just drinking and that. It wasny nice to watch.”***

Importantly, fear was not exclusive to family participants. Professional participants also expressed concerns, particularly around the complexities of decision-making and the

potential consequences of either action or inaction. The common theme of fears will be explored further in chapter seven.

xiv. Group theme three (family): Feelings of lack of power

Sub-themes: Feeling helpless

Feeling hopeless

Is it good enough?

A consistent theme across family interviews was **Feelings of lack of power** which was evident in descriptions of a sense of powerlessness in navigating professional expectations and systemic stresses. Six participants explicitly described **Feeling helpless** (sub-theme one), often in response to demands they felt ill-equipped to meet. This was evidenced in statements including: ***“I just didn’t even know what I could do.”*** and ***“I was almost cheerleading her... but then like two days later it was just, ehh stopped and I didn’t even feel like I could try any more.”*** As noted in the personal themes, in addition to helplessness, **feeling hopeless** (sub-theme two) was also described by participants. These were often linked to emotional exhaustion and low mood, which participants described as barriers to sustained effort and engagement.

The third sub-theme, **“Is It good enough?”**, reflects participants’ perceptions of a mismatch between their parenting efforts and professional standards. Several participants questioned the fairness and feasibility of expectations placed upon them by professionals: ***“They all think everything has to be like top class and everyone else is you know just trying to make do,”*** while some participants questioned the basis of concern: ***“I’m like, this is actually fine for me. What’s all the bother about?”*** These insights highlight the subjective nature of parenting assessments and the importance of recognising diverse lived realities in professional evaluations.

xv. Group theme four (family): Disconnect

Sub-themes: Disconnect between peers and professionals

Disconnected communication

The theme of **Disconnect** was evident throughout the family interviews. The first sub-theme: **Disconnect between peers and professionals** illustrates the divide in

perceptions and experiences. Family participants frequently referenced the support and solidarity found within their peer networks, which often served as a coping mechanism in navigating professional involvement. This reflects both a communal resilience and a shared scepticism toward professional systems, reinforcing the notion of an “us versus them” dynamic. Such peer-based support may offer emotional relief but also risks enhancing negative views of professional engagement, particularly when communication is perceived as judgmental.

In relation to sub-theme two: **disconnected communication**, a significant number of participants expressed discomfort with the terminology used by professionals, especially the word “*neglect*” which was perceived as accusatory and stigmatising. This tension was clearly articulated in interviews: “***They were saying they were worried... it’s not fair***”. This reaction suggests that as noted above in relation to the personal theme of language, even indirect references to neglect can provoke strong emotional responses. One participant described a perception of double standards in professional interactions: “***They’re all nicey nicey one minute... and then next thing they’re accusing you of neglecting the weans.***” The use of the term *accusing* implies a lack of shared understanding and highlights the absence of relationship-based communication, which is central to frameworks such as GIRFEC.

xvi. Group theme five (family): Poverty

Sub-themes: Impact of hardship

Creativity required to mitigate lack of money

As highlighted previously, theme one: **Poverty** was felt in every aspect of their lives. Participants noted how lack of money was a clear **Impact of Hardship** and disrupted plans for their children: “***It’s harder in the summer when they’re off... even when you’re planning stuff sometimes you just can’t do it on the day.***” These experiences often resulted in feelings of exclusion and resignation with participants emphasising the social isolation that can result from financial constraints: “***Even if I want to, I just act like I don’t care, but then I just end up sitting in***”.

Several participants displayed significant **Creativity required to mitigate lack of money** (sub-theme two), reflecting a proactive and resilient approach to parenting

under pressure: ***“I get us stuff off that app, Too Good To Go... I want them to have the same treats as all their pals.”***

Figure ten provides a visual representation of the final group themes. They are represented in this format to convey the relationships and overlap between the group themes and how they combine as a whole to shape families' experiences of work with professionals to address neglect. Findings show that families consistently feel misunderstood and judged by professionals, perceiving external criticism while believing their lived experiences of adversity remain unacknowledged. This is compounded by feelings of being unsupported, with families believing their lived experiences of adversity remain unacknowledged. This is compounded by feelings of being unsupported, with families questioning the fairness of assessment and processes.

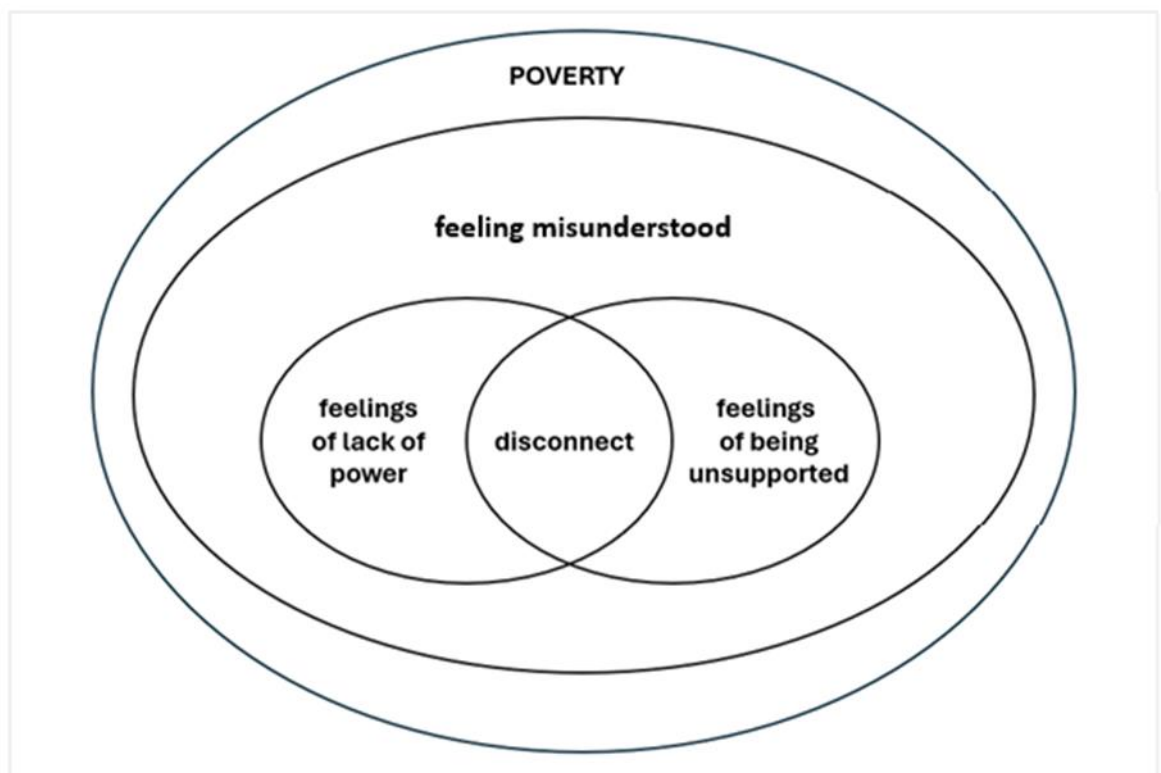


Figure 1: Visual representation of final group themes (family participants)

Breakdowns or differences in communication create significant disconnect between families and professionals, with families finding solidarity in peer networks that often reinforce an "us versus them" dynamic. The language of neglect itself is experienced

as stigmatising and accusatory, further widening this divide. Underlying all these relational challenges is the fundamental reality of poverty, which impacts every aspect of family life and requires constant creativity and resilience to navigate.

As a consequence of these, a sense of powerlessness emerges, characterised by helplessness in meeting professional expectations, hopelessness stemming from the emotional impact of work with professionals to address neglect, and questioning whether their parenting efforts will ever be deemed "good enough."

c. Findings from professional participant data

- i. Personal themes drawn from findings from interviews with professional participants**
- ii. Personal theme one (professional participants): Fragile relationships**

Sub-themes: Holding back

Professional anxiety around understanding of neglect

Language

The theme of **Fragile Relationships** was noted as a repeated and emotionally charged theme within the professional participants' interview data, evidenced by their expressions of hesitation, professional uncertainty, and the weight of language they use in practice. Under the sub-theme **Holding back**, there was a sense that professionals were cautious in their interactions with families in relation to neglect, often avoiding confrontation and difficult conversations. This was reflected in the comment about masking underlying issues with referrals and support services: ***"We kind of cover that up... without actually looking to see what the actual problem is."*** Such avoidance suggests a reluctance to fully engage with the complexity of the situation, potentially undermining trust and transparency.

Professional anxiety around understanding of neglect (sub-theme two) was also clearly evident, with the participant expressing concern about differing standards and perceptions: ***"I worry about my own standards being different to sort of what other peoples are."*** This highlights the tension between personal parenting values

and external expectations, which can create uncertainty and defensiveness in relationships with professionals.

Language played a critical role in shaping these dynamics. Participants acknowledged the emotional weight of language, particularly the word “neglect,” stating, ***“That’s huge, that’s a really emotive word for people.”*** This sensitivity to language reflects an awareness of how words can influence families’ feelings of judgement and engagement and may result in professionals avoiding direct terminology to preserve relationships particularly those felt to be fragile. The feeling of being out of sphere of professional comfort was also expressed: ***“Sometimes, you feel like you don’t know anything because they’re so different,”*** pointing to a disconnect between families lived experience and professional priorities.

iii. **Personal theme two (professional participants): Reflections on professional assessment vs child’s lived experience**

Sub-themes: Assessment of neglect

Visibility (or not) of neglect

The theme **Reflections on professional assessment vs child’s lived experience** reveals a tension between formal procedures and the lived realities of neglect as experienced by children. This theme is shaped by two sub-themes: **Assessment of neglect** and **Visibility (or not) of neglect**.

Findings from the literature review and interview data indicate that professionals often rely on structured tools to assess neglect. One participant noted: ***“we put together chronologies and analysing histories and kind of looking for patterns over time... And we can see that nothing’s really changed”*** which suggests a methodical approach attempting to facilitate objective assessment. However, this process may inadvertently distance practitioners from the child’s lived experience. The emphasis on documentation and objective assessment, while valuable, risks overlooking the subtle, day-to-day impacts of neglect that may not be easily captured in records.

Neglect is often hidden in two ways intentionally by parents and unintentionally by systems. The quote ***“the parents are quite clever at hiding things and encouraging their children to hide things...”*** highlights how manipulation can be used to hide child neglect. It also highlights the emotional burden placed on children, who may feel torn between loyalty and fear.

Together, these sub-themes suggest that while professional assessments aim for objective assessment of need and risk, they may not always capture the lived, but often hidden, experiences of children who are subject to neglect.

iv. **Personal theme three (professional participants): Complexity of work with neglect**

Sub-themes: Conflicting Pressures

Lack of resources

Sense of overwhelm

Neglect co-existing with other worries

The theme **Complexity of work with neglect** encompasses both the personal and organisational complexities that shape how neglect is understood and addressed by professionals. The sub-themes **Conflicting pressures**, **Lack of resources**, **Sense of overwhelm**, and **Neglect co-existing with other worries** describe a landscape where professional judgment is often constrained by external organisational forces and internal fatigue.

The quote ***“It’s a judgment that a worker has made according to their threshold... influenced by a whole bunch of other things”*** highlights how assessments are not made in isolation, reinforcing the importance of context and holistic assessment which does not always fit comfortably with use of CNAT. Professional interview data shows that professionals are constantly balancing competing demands including workload, institutional expectations, and time constraints. Data suggests these pressures impact thresholds for concern, meaning that what qualifies as neglect in one context may be overlooked in another which may link back to the theme of inconsistencies in assessment as highlighted by the family participants.

The reflection ***“Is it worth deconstructing this? Because what have we got to rebuild it with?”*** captures the realities of working in austerity: even when neglect is identified, the capacity to intervene meaningfully may be limited. This creates a moral dilemma, knowing a child is subject to neglect, but lacking the resource to offer sustainable support. It also implies a form of subconscious triage, where professionals may hesitate to act if they believe the system cannot follow through effectively.

The statement ***“five or six of those families a day and you just felt overwhelmed”*** describes the emotional toll of working with child neglect. High caseloads and repeated exposure to distressing situations can lead to burnout, compassion fatigue, and decision paralysis. This sense of overwhelm may result in professionals defaulting to procedural responses rather than engaging meaningfully with the lived experiences of children and families.

Finally, the insight ***“neglect is... just a factor on absolutely every other issue... sometimes it’s not even the most worrying factor”*** confirms that neglect often co-exists alongside other complex challenges and social stresses including mental health issues, domestic violence and poverty. In such cases, neglect may be deprioritised, especially when more acute risks require to be prioritised. Yet for the child, neglect may still be profoundly damaging, even if it’s not the most visible concern.

v. Personal theme four (professional participants): Repeated Interventions

Sub-themes: Coming back into services again

Sustaining change

Doing with? Doing to?

Closing or withdrawing

This theme of **Repeated Interventions** highlights the cyclical nature of engagement with social services, highlighting the challenges of sustaining meaningful change in families affected by neglect. The sub-themes **Coming back into services again**, **Sustaining change**, **Doing with vs. doing to**, and **Closing or withdrawing**, collectively describe some structural and relational tensions that shape professional practice.

The quote ***“you see the cycle of kind of the same families coming through social work... ‘I worked with their mum,’ or like, ‘their gran’”*** illustrates the intergenerational nature of service involvement. This recurrence suggests that interventions may not be addressing root causes or building long-term resilience. Instead, families re-enter the system, often with similar patterns of need, pointing to a lack of sustained impact.

The reflection *“they’re doing really well just now, but I know if they don’t have a social worker, they’ll come back in in a year”* further emphasises the notion that progress that is conditional on continued support, highlighting the difficulty of embedding and sustaining change within families who may lack the resources, confidence, or consistency to maintain improvements independently. This raises questions about the durability of interventions and evidences the need for more empowering, community-based support structures.

The quote *“she’s very much capable, but she just needs that push to engage... wanting to and being able to is a bit different”* reflects a tension between enabling autonomy and imposing solutions. It speaks to the importance of relationship-based working: *with* families rather than *doing to* them.

The insight *“there is always pressure to close cases... a bit of short-term improvement... then we can go, right, OK, that’s enough”* highlights organisational pressures that impact on thresholds and subsequent care delivery. Temporary improvements like improved home conditions, increased school attendance may mask deeper issues, leading to premature case closures.

vi. Personal theme five (professional participants): Questioning processes

Sub-themes: Expectations within plans

Reality of family choices

Longevity of plans and supports

The theme **Questioning Processes** captures the sense from the professional interviews of deep reflection on the assumptions embedded within child protection planning processes and the lived realities of families navigating these systems. The sub-themes **Expectations within plans**, **Reality of family choices**, and **Longevity of plans and supports** suggest that professional frameworks do not always fit easily with cultural norms, emotional barriers, and practical limitations.

The excerpt *“pressure on families to feel as if they are doing everything... not wanting to ask for support”* highlights how intervention plans may unintentionally reinforce stigma around seeking support and early help creating a risk that families might internalise these expectations, feeling that accepting support equates to failure.

This emotional burden can lead to disengagement or superficial compliance, rather than genuine collaboration.

The statement *“that’s how people around here do it”* reflects the influence of local norms and generational patterns on parenting and decision-making. Plans often appear to assume a level of agency or willingness to change that may not align with a family's cultural or social context.

The insight *“at 16... they can go home... they always kind of gravitate back home”* emphasises the limitations of short-term interventions. Young people often return to environments that may not have improved significantly. This cyclical return challenges the effectiveness of plans that focus on temporary displacement or behavioural change without addressing underlying conditions

vii. Personal theme six (professional participants): . Collaboration in understanding

Sub-themes: Importance of peer dynamics

Supporting processing

Safe challenge

The theme **Collaboration in Understanding** highlights the vital role of peer relationships in shaping professional insight, emotional resilience, and ethical decision-making within child protection work. The sub-themes **importance of peer dynamics**, **supporting processing**, and **safe challenge** highlight the importance of peer relationships in fostering reflective practice to enhance the quality of care.

The quote *“My colleagues are incredible... we’ve all come from fairly different backgrounds... we all have things to bring”* reflects the richness of diverse professional teams and relationships, resulting in team cultures where multiple perspectives are valued, and practitioners feel supported in their vulnerabilities. The ability to say *“I’m really quite struggling with this one”* signals a psychologically safe space where openness is encouraged and emotional honesty is met with empathy rather than judgment.

The reflection ***“It helps me to be able to process what my spidey senses are sort of telling me”*** illustrates how peer dialogue aids intuitive reasoning. In complex cases, professionals often rely on gut feelings or subtle cues that are difficult to articulate. Collaborative conversations allow these instincts to be explored, validated, or challenged, helping practitioners move from uncertainty to clarity. This kind of reflective processing is essential for navigating the emotional and ethical terrain of neglect and safeguarding.

The participant quote ***“It’s only when somebody questions you... you have to self-correct”*** shows the value of constructive challenge. Safe challenge within teams promotes accountability and growth, encouraging professionals to re-examine assumptions and refine their judgments.

viii. Personal theme seven (professional participants): Differing Perspectives

Sub themes: Disconnect in understanding of neglect

Lack of meaningful connections

Thresholds

The theme **Differing Perspectives** explores the complex and often conflicting understandings and constructions of neglect between professionals and families. The sub-themes **Disconnect in understanding of neglect**, **Lack of meaningful connection**, and **Thresholds** highlight the challenges of navigating these differences in practice.

The quote ***“The housing conditions were... bad... but Mum didn’t see it”*** illustrates a fundamental gap in shared understanding. What professionals view as clear indicators of neglect such as broken eggshells in the hallway, may be normalised or dismissed by parents. This disconnect can stem from differing cultural norms, lived experiences, or emotional coping mechanisms

The reflection ***“parents are quite clever at being manipulative”*** suggests a breakdown in trust and relationship-based working. This absence of meaningful connection can lead to defensive interactions, where families feel judged and professionals feel obstructed with neither the families need for support nor the professional need for assessment of need being fulfilled.

The participant quote ***“thresholds are really different... even us at times... the threshold changes”*** evidences the subjective nature of decision-making in work with neglect. This subjectiveness can create confusion for families and professionals alike, leading to inconsistent responses and eroding confidence in the system

ix. Personal theme eight (professional participants): Thoughts on causal factors

Sub-themes: Poverty

Parental adversity

Participants spoke at length during the interviews about their varying **Thoughts on causal factors** leading to it being a theme, with **Poverty** and **Parental adversity** as sub-themes. Poverty was consistently highlighted as a significant influence, particularly in the communities where professionals had worked. One participant noted, ***“the thing that I find really impacts on child neglect, specifically in the areas that I’ve worked in, is poverty,”*** again emphasising poverty as a social stress. Additionally, parental adversity especially adverse childhood experiences were seen as a common thread among neglect cases. As one participant observed, ***“It’s rare that you would have a child who’s been neglected whose parent hasn’t had some adversity in their life,”*** suggesting a cyclical nature of trauma and neglect across generations.

x. Identification of recurrent personal themes in professional data

The steps outlined above on page 179 were repeated using the professional data to identify recurrent themes within the professional data.

Table 3: Identification of recurrent themes within the data gathered from professional participants

Theme	Participant Identifier (professional participants)												Present in more than half of sample
	A	C	D	E	F	G	H	J	K	L	Q	P	
1.		X	X	X	X		X	X				X	YES
2.	X		X	X		X	X					X	YES
3.	X							X		X		X	NO
4.		X	X	X			X						NO
5.	X			X	X			X					NO
6.				X		X		X	X		X	X	YES
7.	X		X	X	X	X			X	X	X		YES
8.	X						X		X			X	NO

Similar to that conducted for family participant data, Table sixteen outlines themes which reoccurred across professional participants and highlights that theme 1 (fragile relationships), theme 2 (reflections on professional assessment vs child lived experience), theme 6 (collaboration in understanding) and theme 7 (differing perspectives) are recurrent. In determining group themes, the same process as with family data was repeated: once all the individual transcripts were fully analysed in sequence and personal themes identified, the process of cross-case analysis was undertaken across the twelve transcripts. And the process of identifying recurring themes was undertaken and tabulated as seen in Table sixteen which enabled the identification and development of the professional group themes.

xi. Final group themes developed from professional participant data

Table 4: Final list of group themes and sub-themes drawn from professional participant data

Group Theme 1 (professional): The ‘revolving door effect’ is alive and well in work with child neglect
1.1 Repeated cycles of professional intervention 1.2 Closing cases or finishing interventions
Group Experiential Theme 2 (professional): should I open the can of worms?
2.1 Pressure 2.2 Lack of resources 2.3 Poverty 2.4 Tensions in thresholds
Group Experiential Theme 3 (professional): Impact on professional self
3.1 Reflections on professional identity and what shapes this 3.2 Inner conflicts
Group Experiential Theme 4 (professional): feelings of disconnect
4.1 Differing expectations 4.2 Language and terminology
Group Experiential Theme 5 (professional): seeking shared sense making
5.1 Validation 5.2 Debriefing 5.3 Professional Challenge

Table seventeen shows how the seven individual themes have been refined into five group themes with associated sub-themes.

xii. Group theme one: The ‘revolving door effect’ is alive and well in work with child neglect

Sub-themes: Repeated cycles of professional intervention

Closing cases or finishing interventions

A notable theme emerging from professional participant interviews was the concept of cyclical involvement in child protection services, often described metaphorically as a “revolving door” leading to development of the group theme **The ‘revolving door effect’ is alive and well in work with child neglect**. One participant used this phrase unprompted during their interview, expressing concern about repeated patterns of registration and deregistration: ***“A really big problem is this revolving door of on the register, off the register... At what point do we say enough is enough?”*** This reflection highlights a perceived lack of sustained change and questions the thresholds used to determine ongoing intervention. This concern was echoed by other participants who were critical of the short-term nature of some interventions: ***“It is relatively easy to make a short-term improvement... the difficulty is having the sustaining infrastructure.”*** Similarly, participants questioned the long-term impact of professional involvement: ***“We’ve actually not changed anything, we’ve just kind of put plasters over it.”*** These insights suggest a growing awareness among professionals of the limitations of short-term support and closely mirror the concept of scaffolding highlighted within The Promise.

Further reflections extended to the intergenerational nature of service involvement, with some participants noting patterns of intense assessment and support recurring across generations. This raises important questions about the effectiveness of current models in breaking cycles of disadvantage and dependency.

The complexity of decision-making around case closure was also a prominent theme. Participants reflected on this with one noting ***“Closing some of these... is just put down as though that is just a fact... But it’s not. It’s a judgment... influenced by a whole bunch of other things.”*** This evidences the tension between procedural frameworks and the realities of frontline practice, where decisions are shaped by workload pressures, resource availability, and individual professional thresholds.

xiii. Group theme two: Should I open the can of worms?

Sub-themes: Pressure

Lack of resources

Poverty

Tensions in thresholds

This theme captures the professional ambivalence and ethical complexity surrounding decisions to initiate or escalate intervention in cases of child neglect. The metaphor **“opening a can of worms”** was used to describe the potential consequences of engaging deeply with families whose needs may exceed the capacity of available services. One participant reflected on the internalised pressure families experience, noting that this often stems not from professionals but from societal expectations: ***“There is an awful lot of pressure on families... not wanting to ask for support because they feel that’s wrong in some way.”*** This insight highlights how stigma and shame can inhibit help-seeking behaviours, particularly in relation to basic needs such as food or infant care.

Participants described the dual pressures of time-intensive work and organisational demands to close cases: ***“There is always pressure to close cases... which is often the case with neglect.”*** Again, suggesting a broader systemic tension where the chronic nature of neglect may be minimised or deprioritised due to resource constraints and competing demands.

Lack of resources was a recurring concern across interviews, not only as a barrier to effective support for families but also as a factor shaping professional decision-making. One participant articulated this dilemma: ***“What are we going to achieve by doing that? What resources have we got... Is it worth deconstructing this? Because what have we got to rebuild it with?”*** This was further developed by another participant who described the limitations of frontline services: ***“You would need psychologists... proper family therapy... and we don’t have access to those resources.”*** These reflections provide insight into the ethical tension professionals face when deciding whether to intervene with neglect, knowing that the support required to effect meaningful change may not be available.

Poverty was consistently identified as a foundational issue, influencing both the presentation of need and the sustainability of interventions. The cumulative effect of these sub-themes points to a practice environment marked by uncertainty, constrained capacity, and moral complexity. Professionals are often left navigating thresholds that are not only fluid but also shaped by external pressures, leading to difficult decisions about whether to engage more deeply or step back.

xiv. **Group theme three: Impact on professional self**

Sub-themes: Reflections on professional identity and what shapes this

Inner conflicts

The theme **Impact on professional self** explores the emotional and ethical impact of working with child neglect on professionals' sense of identity and wellbeing. Participants reflected on the personal demands of the role, including the courage required to challenge neglect and the emotional toll of carrying risk. One participant described the need for confidence and resilience: ***"I think, as a practitioner, you have to be very confident... maybe fearless."*** This sentiment was echoed by another participant who expressed concern about the burden of responsibility when joint working is perceived as ineffective: ***"When I turn my phone off... and I'm still worrying about it, no, that's not right."*** These reflections suggest that professional identity is shaped not only by formal roles and responsibilities but also by the emotional labour involved in work with neglect.

Inner conflict was a recurring sub-theme, particularly in relation to identifying and responding to neglect. Participants voiced anxiety about missing signs of neglect ***"How will I ever spot that?"*** Similarly, one participant acknowledged the anticipatory stress involved in preparing for difficult conversations: ***"You're just going to worry about that."*** The fear of raising concerns with families was described as a persistent challenge, regardless of experience level: ***"It's quite nerve-wracking when you know that you're going to have to have that conversation,"*** while another added: ***"It can be anxiety-provoking... it's never an easy thing to do."*** Despite this, there was also a recognition of the importance of clarity and consistency in communication, with one participant advocating for the use of direct language such as ***"child neglect"*** and ***"needs not being met."***

Uncertainty around thresholds and definitions of neglect further contributed to professional unease with one participant reflecting: ***"I worry about my own***

standards being different... I feel like I can see it, but I can't quantify it.” This highlights the subjective nature of neglect assessments and the challenges professionals face in applying consistent standards across diverse contexts.

xv. **Group theme four (professional): Feelings of disconnect**

Sub-themes: Differing expectations

Language and terminology

A strong theme of **Feelings of disconnect** mirroring the family theme emerged from professional interviews and builds on the previous theme, encompassing not only relationships with families but also tensions within organisational cultures and broader structural systems. Participants frequently described a misalignment between their expectations and those of the families they worked with, as well as between their own values and the operational realities of their roles. This disconnect was often implicit, conveyed through expressions of frustration, uncertainty, and ethical discomfort. Professionals spoke of feeling caught between the ideals of relationship-based, strengths-focused practice and the constraints imposed by policy, procedure, and resource limitations.

Language and terminology were central to this sense of disconnect. The term “*neglect*” was particularly contentious, with only one professional participant expressing comfort with its use—while acknowledging that families found it distressing. Several participants described avoiding the term unless other, more neutral language had failed to prompt change. This avoidance reflects a broader discomfort with terminology perceived as stigmatising or counterproductive to building trust. One participant commented: “***What I have found really useful, and I perhaps hide behind it a wee bit, is the Graded Care Tool because we can address neglect without using the word neglect***” which suggests that professionals may seek tools or frameworks to navigate this linguistic tension. The phrase “***hide behind***” suggests a protective strategy, allowing practitioners to engage with concerns while minimising the emotional and relational risks associated with direct terminology.

xvi. Group theme five (professional): seeking shared sense making

Sub-themes: Validation

Debriefing

Professional challenge

A key theme emerging from professional interviews was the sense of **Seeking shared sense-making** in navigating the complexities of working with child neglect. Participants consistently emphasised the value of validation and debriefing, both of which were described as essential components of reflective practice. These processes were often facilitated through peer support, supervision, and team-based dialogue. One participant noted: ***“I’ve had good mentors through my career... a good structure round about that,”*** highlighting the role of supportive environments in fostering professional growth. Another participant described the benefits of peer supervision: ***“We’ve all come from fairly different backgrounds... I’ve got a date next week for that kind of peer supervision. I think that does really work well.”*** These reflections suggest that opportunities for debriefing are not only sought but deeply valued, particularly in emotionally demanding contexts such as neglect.

Professional challenge also emerged as a vital aspect of shared sense-making. Participants appeared to welcome the opportunity for critical reflection with one noting: ***“It’s only when somebody questions you... that self-correction is really, really valuable.”*** This sentiment was shared with another who described supervision as a safe space for constructive challenge: ***“She’s pretty good at challenging me on that. I’m trying to get better at it.”*** Another participant further illustrated how supervision supports reflective learning: ***“It gives you a chance to really reflect... maybe I would do this earlier next time.”***

Figure eleven below provides a visual representation of the final group themes. They are represented in this format to convey the relationships and overlap between the group themes and how they combine as a whole, whilst being comprised of individual parts to support understanding of how professionals make sense of their work with child neglect.

When considered together, these findings highlight that validation, debriefing, and professional challenge are central to how practitioners make sense of their work with neglect. They enable professionals to process complex cases, manage emotional

labour, and develop more nuanced understandings of risk and intervention. Crucially, participants emphasised that this shared sense-making is not optional but foundational to effective and ethical practice which is an insight that will be further explored in chapter seven.

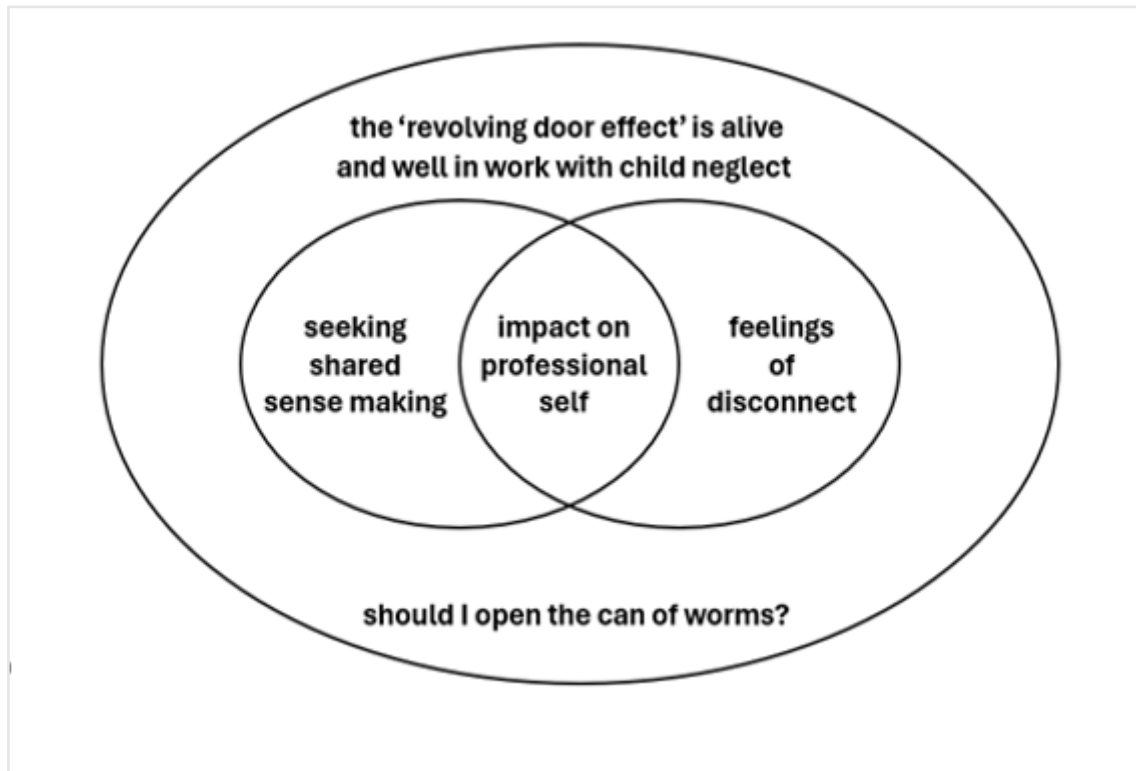


Figure 2: Visual representation of final group themes (professional participants)

d. Discussion (family participant data)

Having outlined the findings from the interviews and IPA, these are now considered in the context of research, practice and policy to explore what these findings mean in relation to existing literature.

i. Group theme 1: Feeling misunderstood

The sense of being judged during professional intervention has been explored within research literature, with Ferguson et al. (2021) exploring the tensions that can ensue by describing the families who are supported by social work as 'involuntary clients' (Ferguson et al. 2021 p 19) which captures the sense of power imbalance that families

can feel present in what policy suggests should be partnership working (Scottish Government 2022). Judgement was also a clear theme in the paper by Ferguson et al. (2021), with reflections of clients feeling judged being noted within the qualitative data collected. The sense of feeling judged however is not exclusive to relationships between social workers and families, indeed, it has been explored at length within the dynamics of the professional relationship between health workers and clients with Levy et al. (2018) suggesting that up to 81% of people attending a GP don't fully disclose all relevant information through fear of judgement or feelings of shame or embarrassment.

Cossar et al. (2016) noted that at the time of writing, in the UK young people had infrequently been active participants in social work assessment processes. With the shift in the policy landscape in Scotland, this has changed and UNCRC being embedded in legislation has provided a legislative foundation for involving and considering children and young people in professional assessment and decision making in areas that affect them. The Promise has Voice, as one of its foundations which again emphasises in policy the need to have children and young people actively participating and working with agencies to shape their plans. Given that this shift is recent, there is a gap in the research about how it feels for children and young people to step into this arena. The literature is clear that despite non-judgemental practice being emphasised as a key foundation to social work practice, families who have support from social work report that there is still a sense of being judged by their workers or judged as part of decision-making processes (Ferguson et al. 2020, Levenson 2020). Within health visiting practice, as with social work, the underpinning principles of the Universal Health Visiting Pathway are rooted in the establishment of therapeutic relationships. Ferguson et al. (2021) emphasise that feelings of being judged are an immediate and significant barrier to relationship-based working.

As noted in the findings above, one participant used the phrase ***'well, they should try walking for a while in my shoes'***. When unpicked further during the interview via some probing, the participant suggested that the meaning of this was focused and centred around lack of acknowledgement of the adversity that they had faced in the past and continued to face. The participant held the belief that professionals have experienced less adversity and can't therefore understand how this affects the families they work with. This was an unexpected perception that challenged me, as I held the viewpoint that the literature around ACE's was so prominent that surely everyone must be aware of the prevalence of ACE's, but also the training that professionals receive around ACE's and their impact. I had expected that even if social workers and health

visitors were not consistently having conversations about parental circumstances and adversities and ACEs they face, that the principles of trauma informed practice would be infused through communications from and within all public services. However, the findings from the data which indicates that family participants felt that professionals did not fully understand the impact of their previous adversities, has led me to consider the possibility that professionals may not always be accessibly sharing powerful messages like trauma informed practice and what it means in a way which is meaningful to the families we work with. Given the policy focus on trauma informed care and the subsequent investment in this across agencies, it is not surprising that there is a growing body of research exploring the efficacy and impact of trauma informed care from a professional perspective, but much less is known about public understanding of this. Purtle et al (2021) canvassed opinion from the public across the United States, and their findings indicated that two thirds of those surveyed felt that parents and caregivers should hold blame for their children being subject to ACE's. This perception while not generalisable to the Scottish population suggests a need for a focus on how the message of trauma informed practice is being shared outwith professional circles.

ii. Group Theme 2: Feelings of being unsupported

Group theme 2 focuses on participants feelings of being unsupported, with two sub-themes extrapolated, perceived inconsistencies in assessment and support and fears around professional intervention. Perceived inconsistencies in assessment were highlighted within interview data, with some participants describing what they felt were inconsistencies around professional decisions to intervene with their family rather than others. In some areas of practice, this has been described as parental deflection, i.e., trying to drive the professional focus away from issues at hand by signposting to other children in need of help. In the field of mental health there is a body of literature which explores the concept of 'deflection as stigma resistance' (Thoits 2016). Within this work, Thoits describes a notion of clients 'rebuffing' labels of mental illness which ties in strongly with the theories arounds societal labelling and the impact of this in reinforcing behaviours rather than supporting positive behaviour changes (Williams 2022). The sense from my interviews was that these reflections by families on their understandings of thresholds for intervention, were attempts to make sense of why agencies felt their family needed support rather than other families who they identified as being somehow worse-off. My interpretation of this was a sense making process underpinned by instinctive desire to avoid labelling and stigmatisation, rather than intentional attempts at deflection which can be reflected within the literature around

disguised compliance. The term “disguised compliance” is being critiqued and challenged within the literature with Leigh et al. (2020) warning that professionals should be cautious when using the phrase, as it can be used in a tokenistic way without the depth of reflection and analysis of caregiver’s behaviours and the impact of systemic stressors which may be influencing choices made by caregivers. This is particularly relevant to neglect given the expanded definition neglect which includes acknowledgement of the role of systemic stressors including poverty on caregivers’ ability to meet the needs of their children. Fear of professional intervention was verbalised clearly by seven out of ten family participants in varying ways during the interviews. Fear is also a common theme within the body of research around family participation in social work or multi-agency processes. Bekaert et al. (2021) highlighted that social work involvement consistently invokes a fear in clients that their children will be taken from them however given the sense from the literature that neglect is often viewed as less significant (Stokes and Taylor 2016) or more normalised in perceptions (Taylor et al. 2023) than other forms of abuse, I had not anticipated that fear would be a theme of such magnitude within my findings.

Fear was not exclusive to family participants- there is a clear corresponding theme of fear noted within the professional participants which will be explored below and in chapter seven.

iii. Group theme 3: Feelings of lack of power

In the context of clinical practice, Peebles et al. (2023) define helplessness as emotional distress when faced with an inability to support either self or those dependent on self. The findings of my interview data indicate that the social stresses like poverty which have been evidenced as contributors to child neglect can result in feelings of helplessness for those impacted. Sauve et al. (2022) studied the impact of child abuse and neglect on parenting styles and identified helplessness in parenting as a consequence of past childhood trauma, thereby perpetuating intergenerational cycles of abuse and neglect, with a focus on emotional neglect due to parental helplessness manifesting in interrupted communications and reciprocity. Further considering the impact of parental helplessness, there is a body of research linking maternal helplessness to difficulties in establishing secure attachments with their infants, which is a further known risk factor for emotional neglect (Solomon and George 2011, Rost et al. 2024).

The second sub-theme identified was that of hopelessness. Farran et al. (1995) describe hopelessness as a way of feeling, and a description of behaviours associated with these feelings. A person's levels of hope can be negatively affected by being around other people who also display low levels of hope which is crucial when considering the importance of communities and peers as threaded throughout my findings. McCarter (2014) connects the idea of hopelessness to social work by highlighting that many families undergoing assessment or receiving support are affected both physically and emotionally by feelings of despair. She also points out that social workers engaging with individuals who feel hopeless may, over time, internalise some of those emotions themselves. Conversely, practitioners who are struggling with their own sense of hope may unintentionally pass those feelings on to the families they support. Given the complex emotions exhibited by professionals in relation to work with child neglect, this is a key point for further exploration.

Throughout the data, there were several reflections from family participants about what they unanimously felt was a difference in expectations of parenting. This leads to consideration of the concept of good enough parenting. This was introduced by Winnicott (1957) by sharing the perspective that parents need not be measured against the current definition of ideal or perfect parenting. In the context of neglect and its acknowledged subjectivity, this is an important benchmark against which professionals assessing the levels of care children receive, and indeed the phrase 'good enough' is anecdotally often heard in practice.

This suggests a sense of disconnect in expectations between families and professionals of good enough or acceptable care. Good enough care is also noted in relation to parental response to infant distress. Woodhouse et al. (2019) found in their research that caregivers need only to respond to their child's cries 50% of the time to enable formation of secure attachment. This data underpins Trauma Skilled training within the NTTP, and it has been noted that this statistic is surprising to professionals, who generally anticipate that the figure will be much higher. This provides an interesting foundation for reflection on professional expectations of 'good enough'. Throughout the interviews family participants spoke about parenting choices and priorities that they felt were important. Examples of these include, ensuring that their child had access to the same technology as their peers, and allowing their young person to stay out later than ideal to ensure they were able to be included in peer groups and relationships that were important to them. It was striking that the families

didn't always share these details with professionals, with one participant suggesting '*it would be pointless*'. This links back to the sense of hopelessness outlined above.

iv. Group theme 4: Disconnect

The theme of disconnect clearly manifested itself in the participant reflections on use of language in relation to child neglect. Professional ethos clearly threaded through policy and guidance is of relationship-based, non-judgemental practice with an ethos on early support which is underpinned by significant research including a recent study by McGregor et al. (2022) who emphasised the value of early support for families. Family participants, however, feel disconnected from this as their interpretation of professional input is different. Use of the word 'accusing' as noted within the family participant data, implies a perception of being harshly judged but without adequate evidence or a shared understanding or agreement of the situation. It does not imply genuine partnership working, or the relationship-based communication that GIRFEC outlines and again points to a perception of disconnect. A study by Casey Family Programs (Rollins 2024) highlighted how language used in child protection work can alienate families, particularly when they perceive words as being clinical, punitive, or judgemental. Words like "neglect," "at risk," or "non-engaging" are suggested to reinforce power imbalances and reduce openness in communication. The study advocates for co-designed language that reflects lived experience and reduces stigma.

Some of the quotes and reflections from participants noted above suggest a sense of shared understanding between peers about the negative emotional impact of having 'a worker', which does not reflect the ethos of support offered by professionals. Interview data also offers some participant views on differences between professional advice, and that offered within the supports provided by peers, which offers insight into some of the tensions which participants felt when trying to act on professional advice, while maintaining the important supports offered by peers.

v. Group theme 5: Poverty

The reflections on poverty within all interview data mirror the literature that highlights how poverty can make life more practically difficult. The effort that two participants in particular described to obtain the standard and type of food that they felt was important for their children to have, far exceeds the effort required to simply go to a shop and buy the food they stock which suggests high levels of motivation and creativity. It was interesting that neither noted sharing this information with professionals, which leads to

the possibility that their creativity and resilience was not being recognised within assessment by professionals. When situated in the context of the argument above on use of CNAT, this could suggest that CNAT designed to support professional assessment of neglect cannot capture the efforts that families can make to mitigate social stresses to deliver what they identify as high levels of care to their children. The Joseph Rowntree foundation published a report in 2024 in which they explore poverty stigma, and highlight the lengths that people go to, in attempts to both conceal and mitigate the magnitude of the impact poverty has on their lives. This supports broader literature that explores the lengths individuals go to alleviate the impacts of poverty and hardship. Young (2024) outlines how low-income households in the UK rely heavily on relational coping strategies including financial and emotional support from family and friends to navigate financial hardship. These strategies are often invisible and constrained by the limited resources of social networks, reciprocal obligations, and the stigma attached to seeking help. Similarly, Mayo et al. (2022) emphasise the creative and non-traditional coping mechanisms employed across the lifespan, noting that despite best efforts, these are often restricted by structural barriers inherent in deprived communities.

e. Discussion (professional participant data)

i. Group theme 1: The ‘revolving door’ effect in work with child neglect.

The first of these group themes drawn from the interview data from professionals relates to what Davidson et al. (2019) refer to as the revolving door of children in the welfare system. This concept is not new within social work; initially used in mental health context to describe patients who were frequently readmitted to psychiatric institutions (Garrido and Saraiva 2012), Lonne et al. (2020) describe it in the context of working with children and families as cases where children move in and out of statutory child protection services as though through a revolving door. The British Association of Social Work (BASW) and Action for Children produced a report in 2017 exploring the revolving door effect from a wider perspective not limited to children who move in and out of statutory processes and highlighted that there was a risk that children in need were being overlooked as a consequence of high professional thresholds and complex referral pathways and processes, concluding that they noted concern ‘that opportunities to intervene early are being missed with some children stuck in a revolving door into social care, in a cycle of referral and assessment, but only receiving help at crisis point’ (Action for Children 2017 p1). This quote mirrors the personal

themes expressed unanimously by social work participants in my study, and by three health visiting participants.

One participant's reflections demonstrate some elements of "rescue" thinking which fits with the concept of professionals adopting a saviour mentality (Baden et al. 2023) and failing to acknowledge the strengths of families in caring for their children. This mindset can also be a barrier to the establishment of meaningful partnerships, which links back to theme 1 around fragile relationships. As seen, there was also some reflection on this phenomenon from an intergenerational perspective with two participants discussing the cycle of intense professional assessment and support across generations. The intergenerational nature of professional intervention was also highlighted by family participants. Hayden and Parr (2019) carried out a study exploring what they described as troubled families. Their findings did confirm that it is common for social work involvement across generations of families. They highlighted however the intergenerational nature of adversity and trauma as underpinning factors which links back closely to the need to address social stresses rather than labelling families impacted by these as troubled.

Although closing cases, or withdrawing from work with families was identified as a sub-theme, closing cases is not strictly relevant to health participants, as midwifery and family nurse partnership services have explicitly defined timelines of intervention and input with families which are openly discussed and known to families from the initial point of commencement of the professional intervention and it is notable that these end points are determined by timing rather by need, which Mackinnon (2016) suggests may result in a sense of transitions and endings within these professional relationships being planned and prepared adequately for within the care giving relationship. Judgements around case closures and transitions in social work however are needed, and the research confirms the thoughts of one participant above on the complex interplay of factors driving decisions to close cases. Wilkins and Meindl (2024) in acknowledgement of this complex decision-making process conducted research exploring if enhancing forecasting abilities and reducing confirmation bias had potential to support professionals with complex practice judgements. The findings suggested that introduction of such an intervention made no significant difference to either forecasting accuracy or cognitive bias in workers and therefore did not support the decision-making processes around case closure. The authors concluded that further in-depth interventions may have more potential to make a meaningful difference. This will be further explored in chapter seven in the context of reframing service boundaries

and inputs to fit more comfortably with the notion of neglect as 'an indicator of both support and protection need as outlined within the National Child Protection Guidance (Scottish Government 2021).

ii. Group theme 2: Should I open the can of worms?

Social work as a profession is generally accepted within the literature to be a high-pressured profession (Thompson 2023) but work with child neglect is suggested by Ferguson (2018) to be particularly challenging as cases of child neglect provoke visceral emotional responses in social workers, which can lead to feelings of helplessness or self-doubt. These emotional reactions are compounded by the moral weight of decisions that may determine a child's safety and wellbeing. While these feelings are present in all child protection work, arguably the complexity and subjective nature of child neglect magnifies these feelings. This echoes themes noted in previous seminal texts by Horwath (20025) and Daniel et al. (2011). Gibbs et al. (2024) confirm that social workers experience uncertainty and stress when assessing neglect, especially emotional neglect and neglect of older children. The complexity of distinguishing neglect from poverty adds to the pressure within working with neglect, as does the lack of clear thresholds for intervention.

Throughout my interviews, lack of resources was a repeated area of discussion and frustration for participants. Their frustration was not simply frustration for the families who were perceived by the professional in many cases as having a lack of access to, but the lack of resources was highlighted repeatedly as an important factor underpinning judgments and plans. As before, despite Vicary and Ferguson (2024) cautioning not to arrive at identification of group themes in haste, it was not complicated to identify a desire for more resource availability to support families when working with child neglect as a group theme given the high recurrence of this theme across the individual interview transcripts. This lack of resources often resulted in a sense of frustration for the professional. Although this sense of frustration manifested in varying ways throughout the interviews the impact on professionals was similar in that they reported feeling stuck or frustrated. In two cases, the feelings of frustration were clearly directed at the lack of shared and cohesive multi-agency working to support families. In another case, the frustration was directed clearly at a strategic and political level due to the lack of resources available to support the family to address the issues identified during assessment of need, but what was clear was a shared sense of feelings of frustration for professionals when working with neglect.

Poverty was noted as a sub-theme within group theme two. It was mentioned by every professional participant in one guise or another, giving a clear sense that professionals hold a view that some factors which influence the likelihood of child neglect are outwith the locus of control of most families. Given that poverty is specifically highlighted as an example of a social stress likely to impact child neglect within the updated definition of neglect (Scottish Government 2021) and with the research by Bywaters et al. (2022) confirming a relationship between poverty and risk of child neglect, this supports a move to viewing neglect through a public health lens and targeting intervention initially at community level to reduce inequality. This is explored further as a key integrated finding in chapter seven. It is notable that poverty was a clearly identified theme which emerged from both family and professional interview data. This shared view and perspective is a strong indicator of a shared acknowledgement and understanding of the impact of poverty on the ability of families to meet the needs of their children effectively and consistently.

As noted in my literature review in chapter three, there is an extensive and growing body of research exploring issues around professional thresholds, with particular reference to thresholds in the context of multi-agency assessment and work with child neglect. This was another theme which threaded consistently through the interview data. The reflection from participants suggesting a perception that other agencies 'struggle with social work' opens up the need for reflection and further exploration on how tensions and challenges around thresholds can affect professional working communications and relationships. Communication between professionals is a common theme noted within learning reviews and SCRs and certainly a sense of frustration between professionals relating to the impact on threshold decisions was felt throughout this study. This is explored further in chapter seven, where conclusions are considered and synthesised from the integration of all data.

Interestingly, the reflections around threshold were not noted exclusively around health to social work thresholds with some participants considering the flow of information from education to health visitors. The literature review in chapter three gives an overview of position of the literature exploring thresholds in work with child neglect.

iii. Group theme 3: Impact on professional self

Gibbs et al (2024) highlight that from a social work perspective, working with child neglect can lead to emotional desensitisation and professional uncertainty, and their findings indicate that these can erode confidence and clarity in professional's roles.

Their review suggests that the complexity of working with neglect contributes to a sense of professional disempowerment, affecting how practitioners perceive their effectiveness and identity .

Professional identity in social work is shaped by a complex interplay of personal values, role expectations, and systemic influences (Wiles, 2013). The experience of feeling unheard or misaligned—whether with families, colleagues, or institutions—can lead to identity fragmentation. Steele et al. (2025) highlight how professionals working with child neglect often feel destabilised when their practice is constrained by organisational pressures, especially when they perceive a lack of support or recognition. This fragmentation may result in emotional exhaustion.

Lavee & Strier (2018) highlight that fear is a common emotion associated with working with families who are living in poverty and debated if this fear could contribute to what they described as ‘neoliberal fatigue’ (Lavee & Strier 2018 p 505) where professionals experience overwhelming emotion which can lead to burnout. This concept mirrors some of the sense of frustration noted within my study findings and links strongly into the theme of inner conflicts.

Some participants shared concerns and fears about the impact on them personally in terms of carrying risk when joint working is perceived to be ineffective. This highlights the increase in stress and inner conflict that agencies can be exposed to when they feel they are left working with families which they have assessed as requiring a higher or more intensive level of intervention than can be offered by their service, but other agencies (usually social work) have declined to take care on as their thresholds have not been reached. This could indicate a need for supporting agencies to hold’ risk or sit with uncertainty. This ties into one of the learning points from the SCR following the death of Lauren Wade in 2015 as a consequence of severe neglect, the chair of the CPC reflected that ‘all agencies need to own their concerns and not pass them off to other agencies’. This also cycles back to the five GIRFEC questions which encourage a process of implementing and exhausting supports within individual agencies before seeking help from other services.

iv. Group theme 4: Feelings of disconnect

As with frustration, feeling and perceptions of differing expectations permeated through much of the interview discussion, whether expressed verbally, or unsaid but implicit in

the statements articulated by participants. Work with child neglect is characterised not only by emotional intensity and ethical complexity, but also by persistent tensions between professional expectations and systemic realities. Interview data revealed that participants frequently experienced frustration and dissonance, both in their interactions with families and within the organisational structures that shape their practice. These tensions whether explicitly stated or implicitly felt are indicative of deeper challenges in maintaining a coherent professional identity amid conflicting demands.

The repeated theme of misaligned priorities between social workers and the families they support is well-documented in the literature. Ferguson (2016) argues that child protection work often involves navigating ambiguous relationships, where practitioners must balance empathy with authority. When families resist or misunderstand the role of social workers, professionals may feel undermined or ineffective, leading to emotional strain and self-doubt (Morrison, 2007). This disconnect can erode trust and hinder collaborative engagement, reinforcing a sense of professional isolation.

Alongside highlighting feelings of disconnect from families with who they work, participants also expressed a clear sense of disconnection from organisational cultures and, in some cases, from broader political and structural frameworks. This aligns with findings by Broadhurst et al. (2010), who describe how both focus on processes and risk-averse organisational cultures can suppress professional autonomy and reduce opportunities for creative and individually tailored practice. When organisational priorities conflict with relationship-based working and ethical values, professionals may experience moral distress which can destabilise their professional identity (Banks, 2012).

As noted above, language is another common theme which emerged from both family and professional data sets. Only one professional participant said that they liked the word neglect, although they did acknowledge that while they liked the word, the families did not. There was a sense from some participants that they would only use the word neglect when more neutral terms had not been successful in effecting the desired change. Participants reflected a sense that use of the word neglect was somehow at odds with the strength-based and relationship-based approach to working with families that is well embedded in practice.

Language plays a crucial role in shaping how child neglect is understood, communicated, and addressed in practice. Interview data highlighted that

professionals frequently experience discomfort with the term "neglect", preferring more neutral or relational language unless the term is deemed necessary to provoke change. This discomfort reflects broader tensions between diagnostic terminology and strengths-based, relationship-focused approaches.

Gibbs et al. (2024) found that social workers often perceive neglect as a lower priority compared to other forms of maltreatment, despite its prevalence and long-term harm. The term itself is frequently associated with judgment, blame, and deficit-focused thinking, which can conflict with practitioners' efforts to build trust and engage families collaboratively. My interview data echoes this, with participants expressing a tendency to "hide behind" softer language to avoid alienating families or undermining relationship-based working. Toros and Falch-Eriksen (2021) argue that strengths-based practice (SBP) requires a move away from what they describe as language focused on pathology, towards language that emphasises strengths, resilience, and capacity. This shift is suggested in the literature to be particularly challenging in work with neglect, where risk management and consideration of compulsory measures often necessitate the use of stronger language. Oliver and Charles (2014) found that practitioners struggle to reconcile SBP with statutory duties, especially when language choices feel at odds with relational goals.

One participant's use of the phrase 'hide behind' can be interpreted as further evidence of dislike and professional discomfort of use of the word neglect, leading professionals to seek a sense of protection from a perceived obligation to use the word neglect in practice. This discomfort with the term "neglect" reflects deeper tensions in professional identity meaning that the choice of terminology becomes a strategic and ethical decision, influencing how families perceive intervention and how practitioners maintain their values. This links back to Group theme three about professional identity.

v. Group theme 5: Seeking shared sense making

Most of the professional participants spoke about the importance to them of their professional peer group in supporting their confidence in decision making around neglect. As shown, study participants identified validation, debriefing and professional challenge as central factors in supporting sense making, and crucially, highlighted the importance of shared sense making within practice to support understanding and planning around neglect.

McMillan et al. (2023) propose that validation could be considered a useful approach in clinical practice as it supports developing professional self-confidence. This mirrors the strengths-based approach to work with families which is threaded throughout policy and guidance (Scottish Government 2022) as the most effective way to develop therapeutic relationships. Caiels et al. (2022) highlight that although the strength-based approach is favoured in policy, robust evaluation of its efficacy remains limited. When amalgamated however with wider underpinning concepts like validation, the evidence base suggests that for professionals and families alike, validation is important in establishing confidence and cementing positive actions. This could be considered important in the context of neglect because as mentioned above, plans to address neglect ask caregivers to take actions, rather than to omit them which requires motivation and positive behaviour change. From a professional perspective, making sense of the complexity of neglect has been shown in the research to be challenging, therefore validation from peers or supervisors as potential to increase professional confidence in making sense of neglect.

Similarly to validation, debriefing emerged as a theme in the professional data. Debriefing is noted within the research to support learning (Lee et al. 2020) and has been explored within the literature from both a nursing and social work perspective (Browning and Cruz 2018) noting the value of debriefing in facilitating reflection and reflective practice which are evidenced to be helpful in supporting sense-making. My data suggests that debriefing during work with neglect is sought and valued by professionals as part of their sense-making process and is therefore an important component of practice and should be emphasised within policy and guidance.

In the context of work with child neglect as a high-pressure area of professional practice, context, supervision and learning from adverse events are not just supportive mechanisms, they are essential components of safe and effective practice which support professional challenge. The importance of professional challenge is not new, Munro (2011) emphasised that in the absence of a culture which encourages and supports challenge, there is a risk that professionals might become complicit in decisions which are unsafe for children. SCR findings from within Scotland about child neglect specifically highlight the need for professional challenge in work with child neglect given the acknowledged complexity, subjective nature of work with neglect, and challenges around thresholds in relation to neglect (Glasgow Child Protection Committee 2015).

f. Strengths and limitations of IPA, and my study findings

Yardley (2000 p219) presented four key principles against which IPA which was in its infancy at the time of Yardley's publication, could be quality assured. These four principles are: sensitivity to context, commitment and rigour, transparency and coherence and lastly, impact and importance. Smith et al (2009) highlighted how in their view IPA can evidence quality against these principles which is crucial in ensuring that research findings are afforded due credibility. More recently, Vicary et al (2016) argue that within IPA the researcher can both achieve and evidence quality, and validity can be both achieved and evidenced through reflexivity, reflection and journaling. Nizza et al (2021 p377) propose however a more specific set of four markers which when demonstrated in IPA studies, indicate high quality IPA studies. These are: constructing a compelling, unfolding narrative; developing a vigorous experiential and/or existential account; close analytic reading of participants' words; attending to convergence and divergence. There are parallels and areas of similarity between Yardley's principles, the three areas Vicary et al highlight as crucial in quality assurance and the four markers proposed by Nizza et al (2021).

Reflexivity, reflection and journalling as highlighted by Vicary et al (2016) are all inherently important to me as a developing researcher and are my position and focus on all are threaded consistently throughout my thesis which offers a platform for evidencing quality assurance within my work.

g. Relevance of findings to policy, practice and research

The analysis of the interview data highlights both areas of shared understanding and areas of disconnect between families and professionals in how they conceptualise, understand and experience child neglect. These findings are essential for informing policy, practice, and future research, particularly in the context of efforts to improve collaborative partnership working with families to address neglect and support improved outcomes for children as per GIRFEC.

As noted throughout each discussion chapter, poverty is a crucial factor when exploring child neglect, and a key area of shared understanding between families and professionals is the acknowledgement of poverty as a structural driver of neglect. Both family and professional interview participants consistently identified poverty as a limiting factor in caregivers' ability to meet their children's needs. This aligns with the growing body of research highlighted in chapter three confirming the correlation

between deprivation and increased risk of neglect (Bywaters et al. 2016; Gibbs et al. 2024). Professionals acknowledged that neglect is often not a result of deliberate harm but rather a consequence of adversity, echoing the view that neglect and poverty are frequently entangled yet conceptually distinct (DeLong Hamilton et al. 2013).

Language and communication emerged as a further area highlighted consistently by both families and professionals. Families expressed strong discomfort with the term “neglect,” viewing it as accusatory and stigmatising. Professionals acknowledged the emotive weight of the term and often used alternative language or tools to navigate this discomfort. This tension reflects broader challenges in achieving shared meaning-making, a process essential for collaborative planning and intervention (Horwath 2007; Gibbs et al. 2024).

Another shared theme highlighted is the emotional labour involved in work to address neglect. Hochschild (1983) describes emotional labour as the regulation of feelings and emotions in order to meet societal expectations. Emotional labour is governed by socially constructed rules, and can lead to emotional dissonance, impacting wellbeing. Taylor et al. (2017) explored the emotional labour professionals experienced when working with child abuse and neglect, highlighting that this often goes unacknowledged by organisations despite its significant role in shaping professional identity.

Families described their feelings of judgement, fear, hopelessness and helplessness, while professionals reported anxiety, uncertainty, and inner conflict within their assessments. These parallel emotional responses reflect the relational complexity of neglect work and reinforce the importance of trauma-informed, empathetic practice. Bekaert et al. (2021) found that families often perceive child protection services as intrusive and punitive, which can undermine trust and collaboration.

In both groups, there was a shared theme of seeking support from peers to help sense making. Families emphasised the importance of peer support and community norms as central to their parenting decisions and understanding of acceptable of ‘good enough’ levels of care. While professionals did note the importance of multi-agency working and information sharing and supervision to support their practice in assessing neglect, and care planning to address this, they more frequently spoke of a need for validation and support from peers within their teams to help them navigate this complex area of practice. The similarity of the sources of validation and support highlighted by both groups, emphasises the need to contextualise interventions within both family and professional ecosystems.

However, analysis of the findings also highlights some areas of differences in sense making. Families frequently felt unsupported and misunderstood, citing inconsistent professional assessment and a lack of recognition for their efforts and resilience in the face of adversity and structural issues outwith their control. Professionals, on the other hand, described systemic challenges, including high thresholds for intervention, limited resources to draw on, and pressure to close cases. These differences suggest a disconnect between the intentions of professionals and how this translates into the lived experiences of families in working in collaboration with professionals, leading to a gap that can hinder effective partnership working.

h. Conclusion

To conclude, the IPA findings show that families and professionals share some understandings of the impact of social stresses on child neglect and share a foundation of similar feelings and emotions when discussing or working with child neglect. Structural factors like poverty, lack of resources, policy and organisational expectation which are not within the control of either group act as barriers which complicate assessment and intervention. Addressing these challenges requires a commitment to shared sense-making, relationship-based practice, and crucially, structural reform. A public health approach to enable the root causes of neglect to be addresses and promotes equity in support offers a promising framework for further aligning perspectives to improve outcomes for children, young people and families.

7. Chapter Seven: Integrated findings and synthesised conclusions.

a. Introduction and recap of the research questions

This chapter summarises the key findings from all strands from data collection and analysis, and as outlined in Figure two, acts as the final point of integration of data allowing the findings to be brought together to comprehensively answer the overarching research question and three sub-questions:

RQ1: How are professionals and families' experiences and understanding of child neglect constructed?

Sub research questions:

RQ2: What levels of confidence do professionals report in identifying and working with child neglect? How does this impact on children who are subject to neglect?

RQ3: What relationships can be found between community factors and the scale and spread of child neglect in areas of Ayrshire & Arran where levels of child neglect are high?

RQ4: Are there commonalities and/or differences between how families and professionals understand child neglect?

b. Summary of key findings

Chapter five introduced the questionnaires which were developed and distributed to the identified participant groups and explored the thematic analysis of the data yielded. The findings from the questionnaire data showed that professionals do broadly identify as being confident in recognising child neglect, but there is less professional confidence around what to do post identification of concerns around neglect.

Key themes were extrapolated from the questionnaire data are grouped into three (as seen in Table eight) and categorised as environmental factors, professional factors, and caregiver factors. As seen, environmental factors were the most common

influencing factor of themes with poverty being mentioned in several questionnaires making this a key point from this strand of my study. This ties in strongly with the findings demonstrated in chapter five. Here, the findings of my data mapping exercise were considered, and the relationship between poverty and child neglect was confirmed to exist in Ayrshire & Arran as evidenced by Bywaters et al (2022).

Chapter six focussed on IPA, exploring the lived experiences of both professionals and families and young people who had worked on addressing child neglect.

The IPA highlighted a series of personal experiential themes from each of the professional and family interview data sets, which were then integrated, resulting in group experiential themes.

The key group experiential themes include:

- viii. The 'revolving door effect' is alive and well in work with child neglect
- ix. Should I open the can of worms?
- x. Impact on professional self
- xi. Feelings of disconnect (professionals)
- xii. Seeking shared sense making
- xiii. Feeling misunderstood
- xiv. Feelings unsupported
- xv. Feelings of lack of power
- xvi. Feelings of disconnect (families)
- xvii. Poverty

This chapter therefore integrates all the key findings from chapters, five and six, the contextual data in chapter two, and analyses them together synthesising four integrated key themes which are the key findings from the data collection and analysis, with associated conclusions and recommendations synthesised for relevance to research, policy and practice.

This chapter also evidences the ways in which my study has effectively answered the research question and sub-questions.

c. Key Integrated findings and associated recommendations for practice

i. Key integrated finding and conclusion one: Consideration of redefining neglect

The first key integrated finding is a need to reconsider how child neglect is defined and framed in both policy and practice. The data from the professional interviews offered some noteworthy reflections on professionals' interpretations of the presentation of neglect. There was a clear distinction between what they understood as neglect that was influenced by circumstances and social stresses, as highlighted in the updated definition of child neglect (Scottish Government 2021), and a different kind of more wilful or deliberate neglect, which was regularly characterised by parental actions like resistance and non-engagement. This differentiation was echoed by family participants who largely viewed neglect as a consequence of circumstances rather than a choice and clearly identified a difference between neglect and other forms of maltreatment.

The updated definition of child neglect within the National Child Protection Guidance (Scottish Government 2021) acknowledges neglect as being an indicator of both support and protection need, which suggests that rather than neglect being a singular definition, it would be more realistic if viewed as a continuum spanning both support and protection. This would allow development of policies and practice guidance to consider thresholds and associated indicators across this continuum, which would be helpful for professionals both in differentiating between neglect which is influenced predominantly by social stresses and more deliberate neglect, and subsequent risk assessing and planning in respect of these. As highlighted, reviews of learning from practice indicate clearly that some presentations of child neglect do result in death or significant harm. There needs to be a clear distinction in policy to support professionals to differentiate between neglect (or care impacted by social stresses) which can be addressed through a public health approach, and partnership working with families if indicated, and the higher risk neglect which has been shown in SCRs and LRs to result in significant harm or death, and is deliberately perpetrated by families and caregivers.

The concept of neglect as acts of omission appears to be established in policy, particularly in the English context with the UK Government noting that "neglect is often

characterised as acts of ‘omission’ rather than ‘commission’” (UK Government 2014 p1). A definition of omission is acts of omission that refer to the failure of someone to do something that they are legally required to do. This could be a parent failing to provide basic necessities for their children. As outlined in sections one and two of the Children (Scotland) Act 1995, Parents have legal rights bestowed on them to support them to meet their parental responsibilities. Parental responsibilities are fundamentally important when considering child neglect as by definition, neglect occurs when families or caregivers have not fully fulfilled their responsibilities to provide care for the child, and impairment to the child’s development, wellbeing, health or safety is caused. However, cases where structural or systemic causes underpin parental failure to meet the needs of their children, e.g. due to poverty or lack of access to required resources due to rurality have been under researched and studied. In Scotland, since the UNCRC has been embedded in legislation, Gunn and Helm (2023) note that this places responsibility on State Parties to provide timely and suitable support and assistance to enable caregivers to exercise their parental responsibilities to ensure and promote the rights set out in the Convention. The Promise emphasises within its Family Foundation, the need for State Parties to provide supports to families when required (The Promise 2021). Both however appear to assume that the gap in needs being met is due to the fault of the parent rather than, in some cases, due to structural inequality. Adoption of a public health approach to work with neglect which is outlined below, argues that it should be acknowledged that, rather than being parental failure to meet the needs of children, in some cases it is structural failure which renders parents and caregivers unable to meet the needs of their children. In cases where it can be evidenced that structural inequalities are the root cause of the neglect then this would be addressed in partnership with families.

In other cases of neglect, where either following robust assessment or where a robust assessment has not been facilitated by the family, it can be shown that the neglect is deliberate, i.e. parents have made choices which have resulted in the needs of the child or young person not being effectively met, consideration should be given to exploring if the neglect is driven by omission or commission. Although the term commission is not commonly used in the context of abuse and neglect in the UK, it is more clearly defined within US settings and is defined by Merrick and Latzman (2014) for the CDC as “words or overt actions that cause harm, potential harm, or threat of harm to a child. Acts of commission are deliberate and intentional; however, harm to a child may or may not be the intended consequence. Intentionality only applies to the caregivers’ acts-not the consequences of those acts” (Centres for Disease Control and

Prevention, 2024, n.p). Interestingly, despite adopting this definition they do not apply it to child neglect, rather to physical abuse, sexual abuse and psychological abuse, still categorising child neglect as an act of omission. If we focus on the idea that acts of commission involve overt actions that cause harm, potential harm, or a threat of harm, then my findings suggest this can be applied to the context of child neglect.

In this context, it can be argued that parents who choose not to facilitate a full and robust professional assessment of their child's safety health or wellbeing under the GIRFEC framework are making a deliberate choice. In a similar way, parents who decline or refuse offers of support that are designed to help them meet their child's needs are also making a conscious decision to decline support which has potential to support improved outcomes. These choices to decline assessment or support, although sometimes interpreted as passive in appearance, can result in potential harm to the child, therefore, may be considered acts of commission, rather than omission, because they involve active choices that could lead to harm. This interpretation aligns with the definition of abuse by commission, meaning it can be argued that the notion of neglect as abuse by omission is no longer applicable, as the parents are making clear choices either to conceal neglect, or not to work with professionals to mitigate the impact of the neglect.

Findings from SCRs and LRs confirm that indicators of neglect coupled with resistance are indicative of high risk of significant harm, in part because the absences of full and robust professional assessment means that it cannot be evidenced that a child is safe. Therefore, consideration of the use of compulsory measures to facilitate a full assessment is timeously required to identify if the resistance is driven by shame or stigma or other reasons, or a conscious and wilful caregiver decision to hide neglect.

The concept of neglect as a continuum in practice rather than a single definition is outlined visually below (Figure twelve)

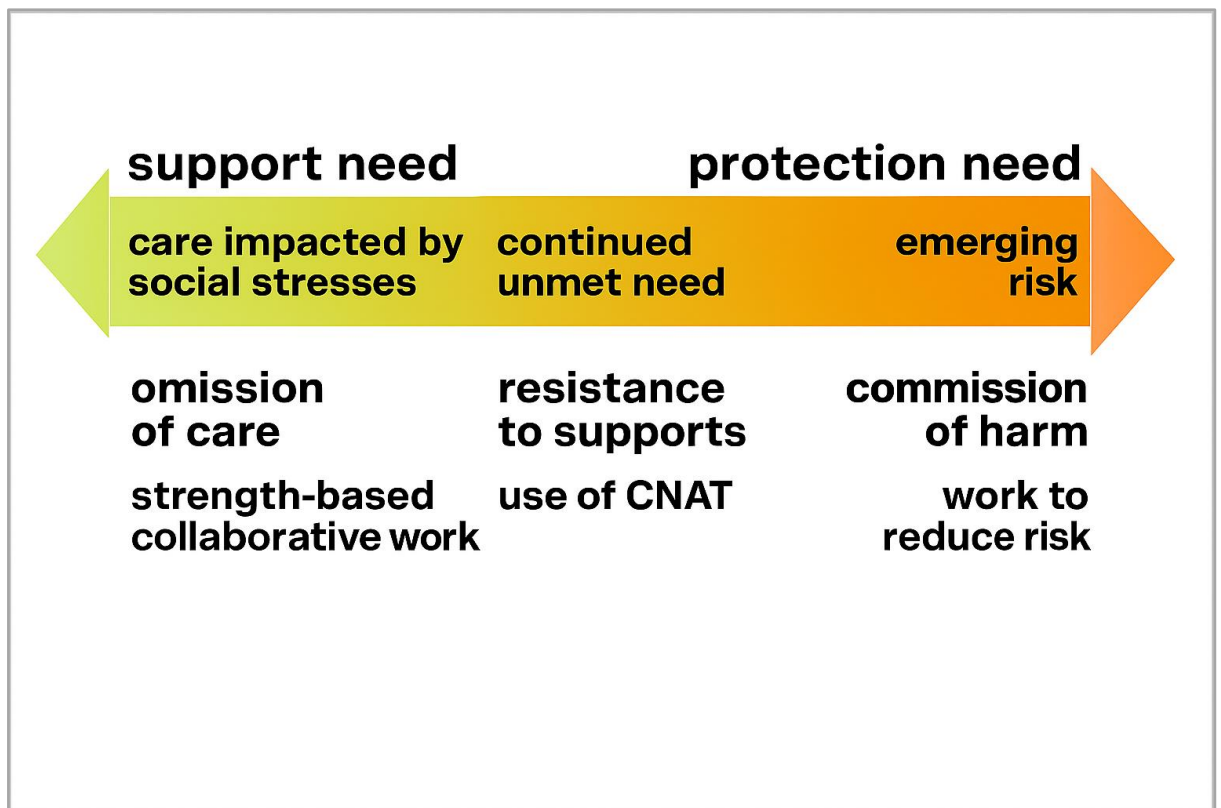


Figure 3: Child neglect as a continuum

The conceptualisation of child neglect as a continuum, rather than a fixed or singular definition, offers a more nuanced and practical framework for professionals working in child protection. The visual model provided illustrates this continuum as a gradient, from support need on one end, where care is impacted by social stressors and omission, to protection need on the other, where neglect involves more active forms of commission. This framing reflects the complex and often overlapping realities of family life, particularly in contexts of poverty, social isolation, and systemic disadvantage and allows recognition of some of the factors that may influence movement on the continuum including parenting capacity and ability to prioritise the needs of the child and supports clearer professional assessment of parental factors including knowledge, skills, motivation and capacity to change. Processes like the C-Change process outlined above (Platt et al. 2017) should be utilised at the earliest stage of the continuum, to maximise partnership working to empower and facilitate families to make and sustain positive change, drawing on their strengths and identifying aspects of care which can be changed by the caregiver, rather than formulating plans based on changes which are not within the families ability to change like structural housing issues, access to services. Where evidenced based assessment and partnership working to embed positive change has not been successful, use of a CNAT could then

be considered to facilitate assessment of risk of harm due to continued needs not being met.

Traditional definitions of neglect tend to be binary, categorising children as either subject to neglect or not. However, such rigid classifications fail to account for the fluctuating presentation of unmet needs, the influence of structural factors, and the variability in parental capacity over time. A continuum model allows practitioners to recognise early signs of concern, respond proportionately, and tailor interventions to the specific context and severity of need. This aligns with the principles of proportionate universalism, which advocate for scaled responses based on the level of disadvantage (Marmot, 2010).

Moreover, the continuum approach supports integrated assessment and decision-making. It enables professionals to distinguish between families who require support due to external stressors (e.g. poverty, mental health, housing instability) and those where more serious safeguarding concerns are present. This distinction is critical in avoiding unnecessary escalation to statutory services and in promoting preventive, strengths-based practice.

The continuum also reflects the findings from both families and professionals who highlight lived experience and practice knowledge and expertise, suggesting that neglect is not always the result of deliberate harm but may stem from parental inability rather than unwillingness. As highlighted in recent literature (Featherstone et al. 2019), practitioners must navigate the tension between recognising risk and understanding the socio-economic conditions that constrain parenting. A continuum model facilitates this by embedding contextual sensitivity into assessment frameworks. As highlighted previously on page 137, the emphasis within the National Child Protection Guidelines (Scottish Government 2021) that rather than being two distinct entities, wellbeing and child protection are at either end of a continuum with the GIRFEC principles being consistently applicable throughout all work with children and families irrespective of where on said continuum their need is assessed or perceived to be is crucial to this argument and would underpin a continuum approach to work with neglect.

Adopting a continuum model of neglect enhances professional practice by promoting early intervention, contextual understanding, and proportionate responses. It moves beyond simplistic definitions and supports a more ethical, effective, and compassionate approach to safeguarding children while ensuring focus on timely response in cases of escalating risk. The study findings indicate that an either/or binary

still exists and a continuum model has potential to address this by enabling professionals to adopt a both/and position on support and protection in relation to neglect.

In reframing neglect as a continuum, CNAT can be useful in determining, categorising and, crucially, evidencing child neglect. CNAT could be utilised in this context to support professionals to make sense of initial classification of where on the spectrum, the neglect would fall. Where there are gaps in the research, policy and practice however is in supporting practitioners to define differences in the presentation of child neglect and tailor plans accordingly to ensure that actions are shared and achievable.

Building on the updated definition of neglect, which acknowledges that neglect is impacted by social stresses (Scottish Government 2021), a key recommendation for practice is strengthening the development of further evidence to underpin the framing of neglect as a continuum of concern rather than a fixed concept. As noted in Figure twelve, this will then enable practitioners to differentiate between different presentations and drivers of neglect, and target both assessment of need and risk and planned interventions more effectively. As noted strongly in the findings from the questionnaires, professionals do feel confident and competent at identifying neglect, but where it becomes complex and challenging is around escalating concerns and sharing information in relation to neglect. Interview data from professionals highlights the complexities and pressure they feel around intervening to address neglect due to competing priorities, lack of resources and feelings of disconnect in their collaborative working with families. It is suggested therefore that neglect is not a wicked problem for professionals in identification, but in planning and working with families to improve the consistency and level to which care is delivered. Clear policies to guide professionals to view neglect as a continuum, might have potential to reduce some of the drift and lag that is noted in work with neglect, as this may be driven by assessment paralysis and/or mis-prioritisation of high-risk neglect.

This will enable the updated and expanded definition of neglect, acknowledging neglect as impacted by social stresses, to be utilised meaningfully in practice, whereas current local policy and guidance within the study area does not differentiate, making it more difficult for professionals to work with families in a non-blaming way, when the root cause of the neglect is caused by circumstances outwith their control. This should support professionals to develop plans co-produced with families which are meaningful and achievable for families, rather than having expectations which are not manageable. This is crucial, as the evidence suggests that a disconnect in

expectations can lead some families to step away from professional supports and plans. Wilkins et al. (2017) explored a model of participatory social work based on the foundations of motivational interviewing and emphasised the value of this approach in developing caregivers' sense of agency and argues that this approach increases motivation and sustained change.

The implementation of a continuum-based approach to child neglect offers the potential to explore alternative models of partnership working, particularly those that prioritise early intervention over the current risk-led, authoritarian framework. Such a shift could reduce barriers to engagement and promote more collaborative, family-centred practice. One promising avenue within this continuum is the adaptation of the 'Never Events' methodology, as explored by Isham et al. (2021), which has shown good levels of acceptability among health professionals, likely due to its established use in clinical risk management and adverse event review. Given the central role of universal health services such as health visitors, school nurses, and other frontline staff in both supporting families and identifying early signs of neglect, the integration of a 'Never Events' model could enhance the assessment of need and risk. This would align with the continuum approach illustrated in Figure twelve and reinforce the use of GIRFEC principles and questions in practice. By embedding such tools within a public health framework, professionals may be better equipped to respond to neglect in a consistent, preventative, and non-stigmatising manner.

ii. Key integrated finding and conclusion two: Language is crucial in work with neglect

Reflections on the use of language in relation to child neglect were a clear and consistent theme throughout my study findings. Almost unanimously, with only one exception, professionals did not like using the word "neglect" and at times, found it challenging and anxiety provoking to use in discussion with families in part due to their desire to preserve fragile working relationships, and in part due to their worries about not being able to provide the supports and resources required to mitigate the impact of neglect. Simultaneously, the families and young people also reported that the use of the word "neglect" elicited strong emotions and reactions centred around feelings of being judged, at points where they felt they were making genuine effort to ensure the needs of their children were met.

The combination of these findings suggests that alternatives to the word "neglect" should be considered. Effective professional support requires voluntary, partnership-

based working grounded in therapeutic relationships (Scottish Government 2022) . However, my findings strongly indicate that language used presents an immediate barrier to this efficacy. When professionals use the word "neglect" families experience it as stigmatising, accusatory and judgmental, immediately undermining the trust and rapport essential for meaningful engagement. This prevents the collaborative relationship necessary for effective support, instead creating defensive responses and reinforcing the "us versus them" dynamic that families described within their interviews.

A key barrier to addressing neglect effectively in practice, therefore, lies in the way the term itself is used. Interview data suggests that practitioners often “build up to” using the word neglect, typically reserving it for situations where other approaches have failed. This cautious use reflects the stigma and discomfort associated with the term and highlights the need for more thoughtful and relationally attuned language to support relationship-based working which as noted, is a key policy driver within Scotland.

Language plays a central role in shaping how child neglect is understood, experienced, and responded to within professional practice. The findings of my study align with a substantial body of both sociological and social-work literature which argue that terminology in child protection is not merely descriptive but actively contributes to the construct of the nature of the problem. Parton (2014) and Munro (2011) emphasise that terms like risk, harm, and neglect are embedded within institutional discourses that frame families in particular ways, often positioning them within deficit-based narratives. From a social constructionist perspective (Berger & Luckmann 1966), the label neglect becomes institutionalised as a category that implies significant moral, legal, and emotional implications. As such, when professionals apply the term neglect, they are not simply identifying unmet needs but invoking a socially constructed judgment that shapes how parental behaviour is interpreted and how responsibility is assigned.

The emotional and moral weight attached to the term neglect may help to explain why families in my study reacted so strongly to its use. Goffman's (1963) conceptualisation of stigma is particularly relevant here, as it highlights how labels applied by professionals and organisations can denote individuals as abusive. Neglect is a particularly potent label because it touches on deeply embedded cultural expectations surrounding good parenting. Contemporary literature supports this, with studies by Gupta et al. (2020) and Featherstone et al. (2018) demonstrating that parents working with professionals in relation to child protection often experience profound shame and

a sense of being judged. This shame is not only an emotional response but can become a barrier to relationship-based practice, and can inhibit communication, reduce both empowerment and confidence to seek help, and undermine meaningful engagement with intervention. Family participants in my study described feeling judged when the term neglect was used, even when they believed they were making genuine efforts to meet their children's needs.

The stigma associated with the term neglect also affects professionals, shaping how they communicate concerns and manage their own emotional responses. Practitioners in this study described “building up to” using the word neglect, reflecting a broader pattern identified in the literature. Ferguson (2017) and Ruch (2018) highlight the emotional labour inherent in child protection work, particularly when practitioners must raise issues that risk damaging fragile relationships. The reluctance to use the term neglect can therefore be understood as a relational strategy aimed at avoiding the shame, defensiveness, or withdrawal that such language may provoke. Link and Phelan's (2001) conceptualisation of stigma as a social process involving power, labelling, and emotional consequences is useful here: practitioners are acutely aware of the power inherent in their role, and the term neglect amplifies that power in ways that feel uncomfortable and potentially counterproductive.

This dynamic creates a significant tension within relationship-based practice frameworks. Relationship-based approaches are rooted in empathy, collaboration, and mutual respect (Ruch, 2018), yet the terminology and language used in work with neglect often works against these principles. Research by Morris et al. (2018) highlights that shame disrupts trust and engagement, while Featherstone et al. (2018) argue that deficit-focused language reinforces adversarial dynamics between families and professionals. Keddell (2017) similarly notes that risk-oriented terminology can overshadow strengths and contextual factors, narrowing the scope for collaborative problem-solving. The findings of this study contribute to this literature by illustrating how the term neglect functions as a relational disruptor, undermining the therapeutic alliances that policy frameworks such as the Scottish Government's (2022) identify as essential for effective support in working towards mitigating the impact of neglect.

Taken together, these insights suggest that reconsidering the language used to discuss neglect is not a superficial or semantic concern but a substantive practice

issue. Language shapes how families understand themselves, how professionals interpret family circumstances, and how relationships between them unfold. If the terminology used is experienced as stigmatising or morally loaded, it becomes a barrier to the engagement and partnership working that effective intervention requires. The findings of this study therefore point to the need for more relationally attuned, context-sensitive language that supports rather than undermines the collaborative foundations of child protection practice.

This builds on Integrated Finding One, which advocates for a continuum-based approach to working with neglect (Figure Twelve). Rather than viewing neglect as a binary issue—either present or absent—this approach enables professionals to consider a spectrum of need, ranging from early support to protection. A key recommendation emerging from this is the reframing of neglect, particularly in cases where the primary causal factors are social stresses rather than parental acts of omission or commission. In such cases, using alternative language such as unmet care needs, family under stress, or care environment concerns can help professionals engage more compassionately and effectively with families. This reframing aligns with the poverty-aware child protection paradigm developed by Saar-Heiman (2020), which seeks to destigmatise neglect by recognising its roots in structural inequality.

This approach also supports the implementation of a public health model for addressing neglect. A public health approach incorporates multiple levels of prevention—universal, targeted, and intensive—and reframing neglect as a circumstantial issue allows for earlier, more supportive interventions. By recognising neglect as a potential indicator of support rather than immediately categorising it as a protection concern, practitioners can better align their responses and language with the principles of early intervention and relationship-based working. The concept of circumstantial neglect, as introduced above, should be clearly defined and distinguished from cases where there is a clear protection need. If, following robust assessment and collaborative planning with families, neglect is understood as circumstantial, it should be classified in a strengths-based way supported by appropriate language. This would allow the term neglect to be reserved for situations where there is a demonstrable risk to the child's safety, thereby enhancing clarity in professional discourse and enabling more transparent conversations with families.

Such a shift would also help disentangle the complexities of planning and intervention. By separating support needs from protection concerns, professionals can more effectively allocate resources, reduce stigma, and foster trust with families. However, this recommendation is not without controversy. It requires careful consideration of the implications, particularly the risk of normalising harmful conditions through language if not rigorously assessed. Therefore, any reframing must be accompanied by clear definitions, robust assessment frameworks, and ongoing dialogue within professional communities.

This recommendation, therefore, builds on integrated finding one, which advocates for a continuum-based approach to working with neglect (Figure twelve). Rather than viewing neglect as a binary issue as either present or absent, this approach enables professionals to consider a spectrum of need, ranging from early support to protection. A key recommendation emerging from this, is the reframing of neglect, particularly in cases where the primary causal factors are social stresses, rather than parental acts of omission or commission. In such cases, using alternative language such as *unmet care needs*, *family under stress*, or *care environment concerns* can help professionals engage more compassionately and effectively with families. This reframing aligns with the poverty-aware child protection paradigm developed by Saar-Heiman (2020), which seeks to de-stigmatise neglect by recognising its roots in structural inequality.

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iii. Key integrated finding and conclusion three: community influence on both risk of, and work with child neglect – the need for a public health approach to address child neglect

The findings of this study demonstrate a strong and consistent relationship between poverty and child neglect. In all three strands of data collection, poverty was noted as a significant factor influencing the likelihood of child neglect. In the questionnaire data shown in chapter five, all four groups of questionnaire participants noted poverty as a factor they considered when making sense of child neglect, making The role of poverty one of the final themes drawn from the TA of the questionnaire findings. In chapter two, all six of the communities selected for profiling based on high incidences of child neglect were deprived communities, all of whom had significantly higher than the Scottish average percentage of children living in the most deprived decile. Within chapter six, poverty was a group theme drawn from the data from interviews with family participants, and a sub-theme drawn from the interview data with professionals. In light of the strength of this evidence, it is appropriate to consider a public health approach to addressing neglect at a structural level. Sanders et al. (2019) define such an approach as one that focuses on the conditions that create and sustain risk, rather than solely on direct interventions with parents or caregivers. This perspective shifts the focus from individual blame to strong advocacy for systemic change. The redefining of child neglect as outlined above has potential to create a foundation for such an approach to work with neglect.

Higgins et al. (2022) advocate for the adoption of a public health model in both Australian and American contexts, drawing parallels with population-level strategies used to prevent disease. They argue that despite increasing awareness of the links between child neglect and deprivation, policy and practice responses have yet to fully acknowledge the social and structural inequalities that underpin neglect (Klevens and Metzler, 2019). Consequently, parents are often held responsible for failing to meet

their children's needs, even when those needs are shaped by factors beyond their control.

In Scotland, despite work by Kyriakou (2021) evidencing the benefits of a public health approach to work with neglect providing Scottish data which mirrors the findings above, this same narrative of blame persists. However, the updated definition of neglect in the National Child Protection Guidance (Scottish Government, 2021) offers a potential turning point. The guidance outlines clear expectations for professionals and organisations to work collaboratively with children, families, carers, and communities to identify and respond to neglect (Scottish Government, 2023). This language reflects key principles of a public health approach, particularly its emphasis on community involvement and partnership working.

The contextual data in chapter two of this study presents local data that further supports the need for a public health response. Each of the six profiled communities selected due to high rates of child neglect also exhibits above-average levels of childhood obesity, maternal obesity, and dental caries. These indicators suggest that nutritional neglect may be linked to structural factors such as limited access to healthy food and poor nutritional education. A public health approach that improves access to nutritious food and promotes education around healthy eating, supported by continued advocacy for more structural changes could reduce both the incidence and impact of neglect in these areas.

While tools like the Graded Care Profile 2 (GCP2) are useful for identifying neglect, they are limited in their ability to address underlying causes. For example, GCP2 may highlight that a child is not receiving a balanced diet, but it does not support professionals in understanding or resolving the structural barriers that prevent families from providing one. As shown in chapters five and six, practitioners often struggle to determine whether neglect is driven by parental choice or social stresses. This complexity adds a layer of interpretation not typically present in assessments of other forms of maltreatment. By addressing inequalities in deprived communities, a public health model could enable a foundation of equity in care for children which in turn has potential to support professionals clarify assessments, reduce ambiguity and enhance professional confidence. Assessing neglect presents a unique challenge in practice, particularly when practitioners must distinguish between harm arising from parental choice and that driven by social stresses. Compared to other forms of maltreatment, neglect requires a focus on holistic assessment to enable professionals to determine if the neglect is driven by structural inequalities rather than intentional harm. This

complexity can undermine professional confidence and lead to inconsistent thresholds for intervention. A public health approach offers a promising framework to address this ambiguity by situating neglect within broader socio-economic and environmental contexts. Targeting inequalities in deprived communities including poverty, housing issues, and limited access to services a public health approach is noted by Haynes et al. (2020) as having potential to clarify the factors underpinning neglect and can support more consistent, non-stigmatising assessments. Moreover, this approach promotes early intervention, community engagement, and multi-agency collaboration, shifting the focus from reactive child protection to proactive family support. The implications for policy are significant: adopting a public health lens encourages investment in preventative infrastructure, empowers communities as co-producers of wellbeing, and fosters systemic change that aligns with trauma-informed and relational practice. Thus, a public health approach not only enhances professional confidence but also refocuses work with neglect toward equity, resilience, and sustainability.

Central to this approach is the concept of moving from request for assistance processes as outlined in GIRFEC, and referral systems towards a model of facilitated access to support services, which involves actively guiding families toward appropriate resources rather than expecting them to navigate complex systems alone. Mechanisms such as co-located services, and community navigators have been shown to reduce barriers to engagement and improve outcomes, particularly for marginalised groups (Sapiets et al. 2023; Miles 2025). Facilitated access also has potential mitigate the stigma often associated with support services and helps to reframe support as collaborative rather than punitive, which has potential to reduce the disconnect my study findings highlighted in how families perceive support compared to how professionals intend it.

Recent studies highlight the importance of non-stigmatising, early contact with services in building trust and promoting sustained engagement. Laxton et al. (2024) found that timely and intensive early intervention was associated with improved developmental outcomes among children living in deprived communities. Similarly, Thriving Families, Safer Children (2022) emphasised the value of embedding public health principles into child protection systems to foster community resilience and reduce harm.

In the post-pandemic context, where hybrid working has led to reduced professional cohesion and limited peer support (Daley 2023), the need for structured, accessible service pathways is even more critical. Facilitated introductions to support services can

help bridge gaps in communication and trust, ensuring that families receive the help they need in a timely and respectful manner.

Additionally, a public health approach has the potential to reshape community expectations and aspirations. Interview data from chapter six revealed a recurring theme of resignation summarised by the phrase ***“this is just how we do it here.”*** This sense of hopelessness, rooted in structural disadvantage, could be challenged through proportionate universalism, which recognises that neglect is often a product of poverty and social stress. The GIRFEC framework aligns with this principle, promoting tailored support within a universal system and offering a seamless transition to a public health model.

Interview data highlighted a disconnect between professional priorities and expectations and the lived realities of families in terms of their priorities and barriers to meeting professional expectations. Featherstone et al. (2019) emphasise the difficulties practitioners face when working with families affected by austerity and service cuts. To maximise their impact, practitioners must move beyond traditional casework and adopt community-based, multi-agency strategies that leverage local knowledge and relationships. This collaborative approach is essential for addressing neglect within its wider social context.

A public health approach to child and family welfare prioritises prevention, early intervention, and systemic responses to the social determinants of neglect and harm. As noted above, rather than focusing solely on individual cases, this model seeks to social stresses through universal and targeted interventions (Barlow and Calam 2011). This shift in perspective enables practitioners to engage with families in a more proactive and inclusive manner, reducing reliance on crisis-driven responses.

A suggestion from a professional participant, which may offer further potential alongside facilitated introductions to supports, to successfully embed public health approaches within communities, was that peer mentors be made available to support social workers. During the family interviews, some participants felt that professionals without personal lived experience of managing the issues faced by families had a reduced understanding of the challenges associated with some of the actions or plans being suggested. Peer mentors would be people from within the community who had lived experience of successfully navigating similar parenting challenges. Peer mentoring within the field of child welfare and protection has been explored from an American perspective with Saeteurn et al. (2022) carrying out a systematic review into

peer-parent work in child welfare. While a focus of their review was on the impact of peer mentoring on edge of care crisis support or reunification where children had been out with parental care, their conclusion on review of four relevant studies was that peer mentoring is a positive intervention which improves child welfare outcomes. Emerging evidence also suggests that reverse mentoring where individuals with lived experience mentor professionals has potential to challenge power imbalances and promote inclusive practice across professions (Breck et al. 2018; DfE 2023). Frameworks such as ReMEDI (Reverse Mentoring for Equality, Diversity and Inclusion) (University of Sunderland 2022) demonstrate how service users can guide professionals in understanding their lived experiences. In child protection, parent peer advocacy and mentoring programmes led by those with lived experience have shown promise in enhancing engagement, reducing stigma, and supporting more equitable decision-making. Co-produced reverse mentoring initiatives, such as those involving young people in mental health projects, further highlight the value of service user-led insight in shaping responsive and empathetic services. The literature outlined above coupled with my data suggest that an exploration into the potential impact of peer mentoring or reverse mentoring programmes in SIMD one and two communities in Scotland would be beneficial in the context of improving the efficacy of work to address neglect.

A strategic focus on implementation of a public health approach, embracing an integrated set of responses to neglect is needed. This approach must recognise that addressing neglect effectively requires a breadth of interventions, initially at structural levels then at community level and finally at an individual level. This would aim to reduce the risk that parents and caregivers living in SIMD deciles one to four are not always able to meet the needs of their children effectively and consistently. Furthermore, to support a public health approach to working with neglect, one way of addressing the chronic disconnect that my research has identified might be to explore peer (or reverse) mentoring programmes situated within communities in SIMD one and two communities. Evidence rooted in behaviour change theory suggests that when interventions are perceived as agency led, they can appear more intrusive which in turn reduces the likelihood of acceptance and engagement. Whereas interventions led by peers have reduced barriers to acceptance and are therefore more likely have both increased uptake and reduce attrition thereby offering potential to support sustained change (Fortuna et al. 2019; Brinsley et al. 2025).

iv. Key integrated finding four: Shared decision-making and action planning is important

The data analysis from both the thematic analysis of the questionnaires (chapter five) and the IPA of the interview data (chapter six) showed collaborative thinking and shared decision-making as a key theme, indicating that professionals seek validation of their judgement in relation to neglect. From a family perspective, the quote ***‘They should try walking for a while in my shoes’*** indicates a sense that families felt that professionals were making decisions on their behalf without having the lived-experience or expertise in their particular situation to enable them to do this fairly or realistically. Both of which suggest that consideration of implementation of a shared decision making and action planning in respect of child neglect is important to both professionals and families.

The concept of sharing decision-making in the field of child protection is not new; however my findings evidence the importance of this specific to neglect. In 2015, Bartelink et al carried out a systematic review of the literature relating to professional decision-making relating to child abuse and neglect. Their key finding was that professionals should utilise a combination of methods to support their decision making in practice, with a focus on what they termed ‘shared and structured decision-making’ (Bartelink et al 2015 p 150). They defined shared decision-making as collaborative decision making with families. Given the nature of child neglect and the need for families to make and sustain change, it is crucial that they are involved at as early a stage in action planning and decision-making as possible. Families have the greatest understanding of their circumstances and external factors and will therefore be able to guide action planning and ensure that decisions are achievable. In Scotland, we have a framework for this already via GIRFEC. The paper by Bartelink et al (2015) further highlights the Signs of Safety framework (outlined on page 47) as a potential method to support including families in this form of shared decision-making, which is helpful given that several local authority areas in Scotland have invested in implementing this framework to underpin work with Children and Families.

While supervision has been accepted as important for work in child protection and should offer a space for reflection to support a sense of collaborative decision-making (Karpētis 2021), Beddoe et al (2022) offer a different perspective in highlighting that supervision is often seen as a source of stress for professionals, noting that it is often associated with organisational and case management focus therefore diminishing the reflective benefit. Pitt et al (2022) argue however that within social work, the role of

supervision in supporting accountability does not detract from the supportive and reflective functions of supervision. Within my study, while the questionnaire data from health participants showed a theme of seeking advice from child protection advisors for guidance around sharing and escalating concerns, supervision was not a strong theme in either questionnaire or interview data, whereas the sense of seeking less formal support from peers or colleagues was a clear theme in both datasets. Supervision, however, when used effectively, provides a space for practitioners to process the emotional impact of their work, challenge assumptions, and learn from adverse events (Howe and Gray 2017). Harrison and Rivera (2016) report that in the absence of effective supervision, the emotional toll of work with neglect has potential to compromise decision-making, increase risk aversion, or lead to burnout. Therefore, embedding peer supports in practice must not replace supervision, rather they should complement each other in supporting professionals.

Beddoe et al. (2022) concluded that, where possible to enable maximum professional support, the optimum organisational structure would comprise smaller teams sharing space at their own desks while having access to their managers, as this was shown to have increased potential to facilitate what they defined as relational supervision that allowed for introspection. This closely mirrors what was described by professional participants in both my questionnaires and interviews- a sense of seeking a supportive space to validate decisions and judgments.

Dempsey and Halton (2017) explored a peer support group model for supporting social workers based in Ireland in child protection work. They described this model as 'self-directed reflective peer support groups' (Dempsey and Halton 2017 p 5). Their findings highlighted a need for clear differentiation between peer supervision and peer support or peer learning opportunities, as peer supervision was shown to be a contentious concept from both practitioner and organisational perspectives for the reasons noted above. Participants in the study highlighted the importance of choice within group set-up to allow for creation of peer support groups comprised of like-minded participants as this enabled the groups to develop into safe spaces which encouraged open reflection. Dempsey and Halton (2017) concluded that the development of these peer support groups had been both positive and meaningful, mirroring earlier findings from a similar study which concluded that collaborative peer support facilitates an environment in which "uncertainty can be safely articulated, thought about and responded to" (2007 p 674) which is crucial given the backdrop of work with neglect as complex and challenging with a clear foundation of uncertainty for professionals.

As illustrated in Figure Twelve, when concerns fall within the category of 'care impacted by social stresses' on the proposed neglect continuum, the consistent application of the 'Team With the Family' approach as outlined in the refreshed GIRFEC guidance (Scottish Government, 2022) is highlighted as best practice. This approach facilitates meaningful shared decision-making and collaborative planning with families. The updated GIRFEC materials place particular emphasis on the use of inclusive and non-stigmatising language, which aligns closely with Integrated Finding Four. By adopting this approach, practitioners may reduce the sense of judgement experienced by families and alleviate the professional anxiety associated with initiating conversations about neglect.

These findings are particularly relevant when considered in the post-pandemic context, where hybrid working has often led to reduced cohesion and connectivity among professionals, potentially limiting access to peer support (Pulman and Fenge 2024). Dempsey and Halton (2016) specifically emphasised their peer support groups as being helpful in reducing any sense of working in isolation. Therefore, a recommendation for practice is that to foster a sense of voluntary peer reflection, agencies should consider implementing peer support groups in practice with a focus on enabling professionals to adopt a public health approach to working with families, particularly where neglect is an area of concern.

When analysed collectively, these findings demonstrate that effective responses to child neglect depend not only on the quality of assessment and intervention but on the relational, linguistic, and organisational conditions that shape professional judgement. The evidence from my study shows that professionals and families alike value collaborative decision-making, yet current practices particularly the use of stigmatising language, inconsistent access to reflective supervision, and limited opportunities for peer support can undermine this aspiration. Embedding shared decision-making through frameworks such as GIRFEC and Signs of Safety, strengthening relational forms of supervision, and developing structured peer support mechanisms all offer pathways to enhance professional confidence and family engagement. At the same time, reframing neglect within a continuum-based, public-health-oriented model acknowledges the role of social stressors and reduces the risk of unnecessary stigma. Together, these insights point to the need for a more relational, reflective, and context-sensitive approach to neglect resulting in an approach that supports practitioners to navigate subjectivity, uncertainty and complexity, empowers families as

genuine partners in change, and ultimately strengthens the capacity of services to respond compassionately and effectively to the complex realities of family's lives.

d. The answers to the research questions

Having outlined the key integrated findings from my study, I will now provide a summary answer to my three sub-questions (RQs 2-4), followed by the overarching study research question (RQ1).

i. RQ2. What levels of confidence do professionals report in identifying and working with child neglect? How does this impact on children who are subject to neglect?

Although I remained unbiased and non-judgemental at the outset of this study, my internal hypothesis was an expectation that professionals would express a lack of confidence in both identifying and working with neglect. This was driven by my awareness of the research emphasising both the complexity and hidden nature of child neglect.

The findings from both my questionnaire and interview data however, challenged my pre-held assumptions as seen in the findings in chapter five, groups of professionals that do not work intensively with children and families in the fields of wellbeing or child protection still feel confident at recognising when a child's needs are not being consistently met.

In the interview data, professional respondents did not share any concerns or anxiety about the recognition of neglect. Their anxieties and concerns were around how best to work with families effectively to address the neglect given the complex structural landscape present, including lack of access to supportive resources. Where a lack of professional confidence was identified in my data was in both escalating concerns about neglect and working and planning to mitigate the impact of neglect. It was a key theme from the questionnaire data that professionals sought validation around their decision-making in relation to neglect. This suggests that it is the complex landscape of structural and organisational factors that lead to work with neglect being so complex. Therefore, my conclusion after careful analysis of my findings, is that neglect itself is actually not a complex phenomenon, rather it is the landscape in which both families live and professionals work with all the associated contributory factors or social stresses, which is where the complexity lies. The impact of this affects children due to the impact of the complex landscape and how this affects professional decision-making

and prioritisation of workload. Interview data from professionals highlights the combination of organisational pressures, supervisory/caseload management pressures and the complex structural issues impacting families' abilities to change as the key factors that impact on how they prioritise work with child neglect. It could be assumed, therefore, that rather than professionals making assumptions and judgements around neglect being less significant or severe or high risk for children than other forms of maltreatment, it is more complex than this. It could be interpreted or understood as a form of 'assessment paralysis' that has potential to impact both assessment and prioritisation of casework due to being overwhelmed (Helm 2022). Given the pressures social work decision-making to close cases, evidenced across the literature and within my data, there appears to be a clear sense of pressure on social workers and other agencies to close cases. Given the difficulties noted in both making and sustaining positive changes in families where neglect is an area of concern, it appears that it is these difficulties that drives the sense of lower professional prioritisation of neglect compared to other forms of abuse, resulting in the drift and lag which is clearly shown within the literature. The original contribution to the literature from my study in relation to this sub-question is not that professionals do not prioritise work with neglect, as that was known already. Rather my original contribution provides insight into why this happens and therefore offers opportunity to consider how this could be addressed in practice to ensure that the higher risk cases of neglect are addressed with the correct level of urgency.

In summary, professionals report confidence at recognising child neglect, but less confidence in reporting concerns and planning work with families to mitigate the impact of neglect due to complex structural and organisational landscapes. This impacts on children who are subject to neglect due to the complexities for professionals in making sense of how to work with families to support and empower them to make and sustain positive changes resulting in delayed responses.

ii. RQ3. What relationships can be found between community factors and the scale and spread of child neglect in areas of Ayrshire & Arran where levels of child neglect are high?

The data mapping demonstrated in chapter two displayed an interdependent risk for children than other forms relationship between neglect and poverty. This is evidenced by the pattern of increased incidences of neglect as demonstrated by child protection registrations where neglect is an area of concern, referrals to the Children's Reporter under Ground 1a, lack of parental care and IRD where neglect is highlighted as a

concern within SIMD quintiles one and two. This confirms clearly that the relationship evidenced by Bywaters et al (2016) and Bywaters et al (2022) exists within Ayrshire & Arran. While this does not suggest a linear relationship, where living in poverty means that children will be subject to neglect, it does provide local evidence which mirrors the existing research evidence showing that overwhelmingly, where neglect is present, families are living in areas of deprivation, usually SIMD quintiles one or two.

The answer to this question, however, is not limited to confirmation of the relationship between poverty and child neglect. The data linkage between geographical incidences of child neglect and public health data facilitated by my study design, provided local evidence of relationships between the following: child neglect and low breastfeeding rates; child neglect and high rates of dental caries; child neglect and high rates of child obesity; child neglect and high rates of maternal obesity; and child neglect and high rates of alcohol related hospital admissions.

Therefore, the summary answer to RQ3 is that the relationship between poverty and child neglect noted within the literature does also exist within Ayrshire & Arran, meaning that children who live in SIMD one and two communities are at a higher risk of neglect.

Confirmation of these relationships highlights the complexity of child neglect and strengthens the argument for further exploration of public health approaches to reducing inequalities and increased health promotion specifically targeted at communities within SIMD one and two communities.

iii. RQ4. Are there commonalities and/or differences between how families and professionals understand child neglect?

Although maintaining a stance of neutrality, based on my practice experience, my expectation on commencing my study was that the findings of my interview data would highlight significant differences between how families and professionals understood child neglect. While certainly there are differing perspectives within the interview data, there are some striking similarities and foundations to how neglect appears to be understood.

Both families and professionals expressed a sense of fear around working with neglect and, while the basis of fears differ, the resulting sense that neglect is 'scary' was mirrored clearly in both groups. This fear was compounded by the sense of helplessness which was also present in both groups as was hopelessness, although

hopelessness was present to a lesser extent. Helplessness and hopelessness both appear to be driven by the recognition of the barriers to making and sustaining change that structural and social inequality results in, again emphasising the benefits of a public health approach to addressing child neglect.

Another similarity noted in the interview data from both groups was the dislike of language used when describing neglect, with both groups expressing a strong dislike of the word neglect. Professionals reported anxiety around using the word “neglect”, and families reported anger and hurt on hearing the word “neglect” being used to describe their parenting. All these emotions create immediate barriers to the relationship-based working that has been shown to be crucial in making and sustaining positive partnership working.

Finally, both groups made distinctions between various presentations and drivers of neglect with both differentiating between neglect as a consequence of social stresses and wilful neglect. In summary, there are more commonalities in how families and professionals understand neglect than differences in this context. Acknowledgement of this shared insight has potential to offer a shared platform for work with neglect, which has potential to support shared goal setting and relationship-based working.

iv. RQ1. How are professionals and families’ experiences and understanding of child neglect constructed?

In short, social and demographic factors are crucial in influencing how both professionals and families understand child neglect. Professionals and families construct their understanding of child neglect through a complex interplay of personal experience, social context, systemic pressures, and relational dynamics. Both groups share a foundational recognition that neglect exists on a continuum spanning unmet support needs to significant child protection concern. This continuum reflects a shared distinction between neglect driven by social stresses (such as poverty, housing insecurity, and parental adversity) and more deliberate neglect, where harm is intentionally concealed from professionals.

For professionals, understanding is shaped by training, policy frameworks (e.g. GIRFEC), and the emotional labour as described on page 225, of navigating thresholds, risk, and uncertainty. Their experiences are often filtered through institutional constraints, such as limited resources, high thresholds for intervention, and pressure to close cases. These factors contribute to a sense of inner conflict and

reliance on peer validation to make sense of neglect and as such professionals frequently seek collaborative discussion to interpret signs of neglect and validate their assessments.

My findings support and build on those of Williams (2017) who suggested that families, however, construct their understanding of neglect based on their lived experience. My study evidences that alongside lived experience, understanding is often shaped by social stresses and cycles of historical interactions with services. Many families perceive neglect not as a failure of care, but as a consequence of adversity, hardship and limited choices. Their reflections illustrate feelings of judgement, fear, and powerlessness, particularly when professional assessments feel inconsistent or disconnected from their reality. Despite these tensions, families also seek peer support and community validation, which mirrors the finding emphasising professionals' desire for team-based decision-making and collaborative sense-making. This parallel further strengthens the argument for adopting a public health approach to addressing child neglect, by emphasising community-based engagement and the recognition of families as experts in their own lived experiences. Initiatives such as Together for Childhood (NSPCC 2023) and No Child Left Behind (Public Health England 2021) demonstrate that targeted resource allocation informed by local knowledge and co-produced strategies can enhance early intervention and prevention. By embedding peer support and community participation into frameworks like GIRFEC professionals can foster relational trust, improve consistency in practice, and move beyond procedural responses toward holistic, trauma-informed care.

Importantly, while there are areas of disconnect including differing thresholds and interpretations of risk there is also significant common ground underpinning how understanding of neglect is constructed. Both groups recognise the impact of poverty and adversity, and both value strengths-based, trauma-informed approaches rooted in use of sensitive language. This shared understanding offers a foundation for more collaborative, respectful, and effective interventions. However, the construction of neglect remains deeply contextual, influenced by contextual and community norms, and the impact of work to address neglect is impacted by professional language, and the quality of relationship-based work between families and practitioners.

e. Original contributions to policy

My study findings offer a timely and evidence-based contribution to the evolving policy landscape in Scotland, particularly in light of the refreshed National Guidance for Child Protection (2021, updated 2023) and the refreshed GIRFEC framework. The key integrated findings from my study have potential to influence policy development across Scotland, given the position outlined by the Scottish Government that ‘evidence informed policy making is an approach to policy development that aims to ensure that the decisions we make as a government are informed by the best available research evidence’ (Scottish Government 2023). As I have already published an IRISS Insight which was peer reviewed by the Child Protection Unit, Children’s Hearing Team, Trauma responsive Social Work Team, Children and Families Strategy Team, UNCR Team and the Early Learning and Childcare Team within Scottish Government, I plan to use that as a springboard to develop further by submitting a further abstract for an Insight to explore my key findings and make them widely available.

By confirming the strong correlation between poverty and child neglect, my findings build on previous work advocating a reframing of neglect as a public health issue rather than solely a child protection issue. The continuum model developed from my findings distinguishing between neglect driven by structural inequality and neglect by commission offers a unique contribution to complement the GIRFEC principles and provide policymakers with a practical framework for more proportionate and equitable responses to child neglect. Furthermore, as described on pages 66 and 149, and this model aligns with the Scottish Government’s commitment to becoming an ACE-aware nation and complements the ecological systems approach embedded in the National Practice Model. Finally, my study findings support the need for consistent national investment in early intervention and community-level supports, advocating for policy that addresses the “causes of the causes” of neglect, such as food insecurity, maternal obesity, and inaccessible services. These findings can inform future iterations of both local and national child protection guidance and policy, ensuring these are sensitive to sensitive to lived realities and support trauma-informed work-based approaches to work with neglect.

f. Original contributions to practice

As highlighted throughout my thesis, I am rooted in practice working with children and families, and therefore the translation of my study findings into recommendations for practice was an important driver throughout my PhD journey. As seen in above, for all my key integrated findings, I have developed associated recommendations for practice. These key recommendations provide evidence that my study findings do have clear and useful relevance to practice in the fields of work with children and families.

The findings from my study emphasise the need to strengthen genuine partnership working with families, by enabling and empowering professionals to utilise a continuum-based approach to work with neglect. This approach supports the expanded definition of neglect, by allowing professionals to recognise that some neglect is driven by factors or social stressors outwith the families control and would then allow work and resource to be targeted into planning shared and achievable goals rather than the traditional authoritarian risk led approach to work with neglect.

My findings show that while professionals interviewed in chapter five from disciplines including paediatric nursing, speech and language therapy and ChildSmile reported fair to good confidence in recognising neglect, they experience significantly lower confidence in escalating concerns or initiating formal interventions to address neglect. This gap between recognition and action has critical implications for practice, potentially leading to delays in addressing the impact of neglect and resulting in missed opportunities for early support. My findings suggest strengthening peer support structures and collaborative decision-making opportunities such as the Team With the Family (TWTF) approach not only to ensure co-production of action plans with families, but also to enhance professional confidence and consistency in working with neglect. This approach should support all professionals who work with children to ensure they can not only confidently record and refer when they identify concerns about neglect, but can also contribute as part of the TWTF, recognising their unique information and analysis as crucial to understanding the holistic picture of the child's life experiences. Additionally, the shared understanding between families and professionals, particularly the recognition that neglect can be driven by social stresses rather than wilful omission, offers a foundation for more empathetic and effective engagement. Families expressed a desire for respectful, non-judgemental support, and professionals acknowledged the emotional toll of working with neglect. These findings stress the importance from both perspectives, of relationship-based practice, trauma-informed

work, and the use of proportionate language (e.g. “unmet care needs” rather than “neglect”) to foster trust and support change.

g. Original contributions to research

My thesis makes a significant original contribution to the field of child protection research by integrating interpretive phenomenological analysis (IPA) within a multi-methods design. It offers opportunity for exploration of IPA within fields other than the traditional psychology, in fora such as SWIPA while reinforcing the value of reflexivity and researcher positionality in understanding lived experience.

My study addresses identified gaps in the literature, including the underrepresentation of family voices, the lack of Scotland-specific research on neglect, and the limited exploration of community-level influences on neglect. My findings challenge narratives that frame neglect as inherently complex or ambiguous, instead demonstrating that complexity arises from systemic barriers, professional uncertainty, and inconsistent thresholds. By conceptualising neglect as a continuum and situating it within broader socio-economic and public health frameworks, researchers can move beyond binary understandings of neglect (i.e., present or absent) and instead explore it in the context of social stresses, community resilience and trauma. Consequently, this framing supports the development of research that links neglect to community resilience examining how communities respond to and recover from adversity, and to trauma-informed practice, which emphasises understanding and addressing the impact of trauma within service provision. Such a perspective encourages holistic, preventative, and contextually grounded interventions that are sensitive to both individual and collective experiences of neglect. Future research recommendations include exploring the role of peer mentoring and the peer support group model as studied by Dempsey and Halton (2017). Given their positive findings at that time, exploring the benefits and challenges of this model specific to reflections on child neglect would strengthen the evidence base behind its use, and demonstrate if it retains the same potential for staff working in the post pandemic model, where it could be hypothesised that staff working in isolation has increased due to many local authorities repurposing buildings and moving to a hybrid model of working.

h. Study limitations

As my study is located within one health board in Scotland with its three associated HSCP's the subsequent limitations of the generalisability of the findings must be

considered as a potential limitation of my study. Given the focus within my study of the importance of context, the context of the geographical boundaries of my study is also important. At the point of data collection, North Ayrshire had the second highest levels of child poverty in Scotland at 29% and East Ayrshire the fifth at 27.2% both significantly higher than the Scottish average of 24%. South Ayrshire rates were slightly higher than the Scottish average at 24.4%. It could be argued that this impacts on the generalisability of the findings but given there are three HHSCP areas in the data with a spread of poverty this offers balance to the findings and therefore allows the findings relating poverty and neglect to support and complement the existing body of literature.

Another limitation of my study was that the interview participants, while geographically targeted, self-selected to participate in the study. This meant that when considering the lived experience and views shared by families, the views of families that services find hard to reach are unlikely to be represented within my study. While it would have been helpful and inclusive to be able to incorporate their perspectives, participation in research always must be an informed choice without any persuasion, therefore it was simply not possible to reach all families to invite them to participate. The result of this is that the perspectives shared and analysed within the IPA is not likely to be representative of all families who have experience of working with professionals to address concerns around child neglect.

A further limitation of my study is the gaps in data as discussed in chapter two. Although this was an interesting finding, which highlights a need for greater consistency in data management within public sector agencies, it did mean that I was not able to source robustly all the quantitative data I had targeted when drafting my initial research proposal. Ultimately as shown in Figures eight and nine, this did not impact the data mapping exercise which underpinned my community profiling, but it was a frustration during the initial stages of my data collection.

i. Mobilisation of findings

Given the strict word limits for this thesis and the volumes of data gathered, I was not able to present all findings in the depth I would have liked. I plan to address this however through post PhD publications and following successful abstract submission,

have the following opportunities via oral conference presentations to ensure that my findings are fully accessible to the relevant audiences:

- Oral presentation 'recognising and making sense of child neglect- a paediatric nursing perspective' will be delivered at the Celebrating Children and Young Peoples Nursing Conference, 18th -19th September 2025, hosted by Northumbria University, Newcastle, UK.
- Oral presentation 'Child neglect- parental factors versus environmental factors. The importance of communities and collaboration' will be delivered at the ISPCAN Congress, 6th-8th October 2025, in Vilnius Lithuania.
- Abstract 'A fresh look at child neglect: opportunities for social work practice and policy' has been submitted to European Conference for Social Work Research being held in Aberdeen in April 2026.
- Abstract 'Child neglect and the role of the Health Visitor' has been submitted to the iHV conference being held in Bournemouth in May 2026.

My study design and findings also have potential to be of interest in the ever-developing field of IPA. As I have engaged within the SWIPA network, I have already presented an oral input on my study at their inaugural symposium in October 2024 and attended their IPA workshop in June 2024. On conclusion of my study, given its unusual design which fits with the suggestion that consideration of socio-cultural situated-ness within IPA may support rounded synthesis (Vicary & Ferguson 2024 p 79). I believe therefore, that my study provides further evidence that IPA can be successfully incorporated into more complex study designs and that the findings of IPA can be further strengthened and enhanced in this way .

j. My development as a researcher

My positionality is woven throughout this thesis, but reflections on my PhD journey as a developing researcher has summarised the skills and knowledge obtained. As previously noted, I entered the Faculty of Social Sciences with no prior academic experience in social sciences, which resulted in a steep learning curve to understand the academic expectations. Concurrently, navigating the process of obtaining ethical approval from the NHS Research Ethics Committee (REC) presented significant

challenges, largely due to the differences in research priorities and epistemological assumptions between healthcare and social science disciplines. I summarised these challenges in a presentation delivered in June 2021 to the Faculty of Social Science Doctoral Conference titled 'it was like trying to fit a square peg into a round hole at times'. However, throughout this process I have learned how to successfully and thoroughly utilise both TA and IPA which are invaluable skills. I have also published one peer reviewed paper and one IRISS insight (co-authored with my lead supervisor) and presented an oral presentation and subsequent book chapter at the Childhood, Care and Coronavirus Conference hosted by Dr Tom Disney at Northumbria University in December 2022, and poster presentations at ISPCAN 2023 and 2024. These skills, publications and presentation mean that I emerge from my PhD journey with transferable skills and a passion for research.

k. Final thoughts on working with child neglect

On commencement of my PhD studies, my starting position was that I had a variety of frontline experience of working with child neglect in practice, both as a community midwife working in Peckham in London, and latterly as a Health Visitor in 'The Scheme' in Kilmarnock. Therefore, I felt that I 'knew' neglect. I was keenly aware of the research and subsequent training accessible to those in practice which suggested that neglect was complex, subjective, and hidden. While my study findings do not challenge these adjectives, as they continue to accurately describe the phenomenon of child neglect, it does offer a unique contribution to the literature, by providing evidence to support professionals, policymakers and academics to understand **why** child neglect is complex, subjective and can be hidden. It also provides recommendations which can be of value in supporting sense-making and decision-making for those now in the frontline working directly with child neglect. I hope as I step into post as a Professional Advisor to the Scottish Government, that I will have the opportunity to use both the skills I have developed during my PhD studies and the knowledge gained from my study to support the bridging of the gap between policy , practice and research around child neglect.

Reference List

- ACE Aware Scotland (2018) *ACE Aware Scotland*. Available at: <https://aceawareScotland.com/> (Accessed: [date]).
- Action for Children (2017) *Revolving door: Children stuck in a cycle of referral and assessment but only receiving help at crisis point*. Watford: Action for Children.
- Agee, J. (2009) 'Developing qualitative research questions: a reflective process', *International Journal of Qualitative Studies in Education*, 22(4), pp. 431-447.
- Agerfalk, P.J. (2013) 'Insufficient theoretical contribution: a conclusive rationale for rejection?', *European Journal of Information Systems*, 22(3), pp. 251-244.
- Ajslev, T.A., Andersen, C.S., Ingstrup, K.G., Nohr, E.A. and Sørensen, T.I. (2010) Maternal postpartum distress and childhood overweight. *PloS One*, 5 (6), pp. e11136.
- Akehurst, R. (2015) Child neglect identification: The health visitor's role. *Community Practitioner*, 88 (11).
- Al-Ababneh, M.M. (2020) Linking ontology, epistemology and research methodology. *Science & Philosophy*, 8 (1), pp. 75–91.
- Aldgate, J. and Rose, W. (2008) Assessing and Managing Risk in Getting it right for every child. *GIRFEC Website*:
Http://Www.Scotland.Gov.Uk/Resource/Doc/1141/0123849.Pdf: Scottish Government, .
- Alexander, S., Pillay, R. and Smith, B. (2018) A systematic review of the experiences of vulnerable people participating in research on sensitive topics. *International Journal of Nursing Studies*, 88, pp. 85–96.
- Allnock, D. (2015). *What do we Know about Child Neglect and Policing in England and Wales?: Evidence Briefing for the National Policing Lead for Child Protection and Abuse Investigation*, .
- Alvesson, M. and Sandberg, J. (2024) *Constructing research questions: Doing interesting research*. SAGE Publications Limited. .
- Anning, A., Cottrell, D.M., Frost, N., Green, J. and Robinson, M. (2006) *Developing multiprofessional teamwork for integrated children's services*. Maidenhead: Open University Press.

- Ashman, A.M., Collins, C.E., Hure, A.J., Jensen, M. and Oldmeadow, C. (2016) Maternal diet during early childhood, but not pregnancy, predicts diet quality and fruit and vegetable acceptance in offspring. *Maternal & Child Nutrition*, 12 (3), pp. 579–590.
- Aveyard, H. (2014) *Doing a literature review in health and social care: a practical guide*. 3rd edn. Maidenhead: Open University Press
- Aziz, M.A. and Mohammed, B.Q.S. (2024) Child Neglect inside Families: A Theoretical Study of the Causes and Consequences. *Qalaai Zanist Journal*, 9 (1), pp. 1280–1307.
- Baden, T., Bee, M. and Peart, V. (2023) Do Social Worker suffer from a saviour complex? Social Work News. Available Online: <https://www.mysocialworknews.com/article/do-social-workers-suffer-from-a-saviour-complex> [Accessed 1st May 2025]
- Bailey, J. (2008) 'First steps in qualitative data analysis: transcribing', *Family Practice*, 25(2), pp. 127-131.
- Bailey, K. and Myers, J. (2023) 'Signs of Safety: a comprehensive approach to child protection', *Child Protection Practice*, 15(3), pp. 23-39.
- Banks, S. (2012) *Ethics and values in social work*. 4th edn. Basingstoke: Palgrave Macmillan.
- Bann, D., Johnson, W., Li, L., Kuh, D. and Hardy, R. (2018) 'Socioeconomic inequalities in childhood and adolescent body-mass index, weight, and height from 1953 to 2015: an analysis of four longitudinal, observational, British birth cohort studies', *The Lancet Public Health*, 3(4), pp. e194-e203.
- Baksh, B. (2018) To bracket or not to bracket: Reflections of a novice qualitative researcher. *Reflections: Narratives of Professional Helping*, 24 (3), pp. 45–55.
- Barlow, J. and Calam, R. (2011) A public health approach to safeguarding in the 21st century. *Child Abuse Review*, 20 (4), pp. 238–255.
- Barlow, J., Fisher, J.D. and Jones, D. (2012) Systematic review of models of analysing significant harm.
- Bartelink, C., Van Yperen, T.A. and Ten Berge, I.J. (2015) Deciding on child maltreatment: A literature review on methods that improve decision-making. *Child Abuse & Neglect*, 49, pp. 142–153.
- Beddoe, L., Ferguson, H., Warwick, L., Disney, T., Leigh, J. and Cooner, T.S. (2022) Supervision in child protection: a space and place for reflection or an excruciating marathon of compliance? *European Journal of Social Work*, 25 (3), pp. 525–537.

- Bekaert, S., Paavilainen, E., Garrido, M.V., Appleton, J.V. and Buckley, H. (2021) 'Family participation in child protection conferences: a European comparative analysis', *Children and Youth Services Review*, 129, pp. 1-12.
- Bell, B.S., Hoskins, R.E., Pickle, L.W. and Wartenberg, D. (2006) Current practices in spatial analysis of cancer data: mapping health statistics to inform policymakers and the public. *International Journal of Health Geographics*, 5, pp. 1–14.
- Bell, S., Yew, S.S.Y., Devenish, G., Ha, D., Do, L. and Scott, J. (2018) Duration of breastfeeding, but not timing of solid food, reduces the risk of overweight and obesity in children aged 24 to 36 months: findings from an Australian cohort study. *International Journal of Environmental Research and Public Health*, 15 (4), pp. 599.
- Bellis, M.A., Hughes, K., Leckenby, N., Hardcastle, K.A., Perkins, C. and Lowey, H. (2015) Measuring mortality and the burden of adult disease associated with adverse childhood experiences in England: a national survey. *Journal of Public Health*, 37 (3), pp. 445–454.
- Bettany-Saltikov, J. (2012) *How to do a systematic literature review in nursing: a step-by-step guide*. Maidenhead: Open University Press.
- Birt, C., Cebula, C., Evans, J., Hay, D. and McKenzie, A. (2023) Poverty in Scotland 2023. *Joseph Rowntree Foundation, JRF*, .
- Blaisdell, K.N., Imhof, A.M. and Fisher, P.A. (2019) Early adversity, child neglect, and stress neurobiology: From observations of impact to empirical evaluations of mechanisms. *International Journal of Developmental Neuroscience*, 78, pp. 139–146.
- Bogna, F., Raineri, A. and Dell, G. (2020) Critical realism and constructivism: merging research paradigms for a deeper qualitative study. *Qualitative Research in Organizations and Management: An International Journal*, 15 (4), pp. 461–484.
- Bolarinwa, O.A. (2015) Principles and methods of validity and reliability testing of questionnaires used in social and health science researches. *Nigerian Postgraduate Medical Journal*, 22 (4), pp. 195–201.
- Booth, A. (2016) Searching for qualitative research for inclusion in systematic reviews: a structured methodological review. *Systematic Reviews*, 5 (1), pp. 74.
- Boslaugh, S. and Boslaugh, S. (2007) An introduction to secondary data analysis. *Secondary Data Sources for Public Health: A Practical Guide*, , pp. 2–10.

- Bowlby, J. (1969) The child's tie to his mother: Attachment behavior. *J.Bowlby, Attachment and Loss*, 1.
- Bowyer, S., Caraher, M., Eilbert, K. and Carr-Hill, R. (2009) Shopping for food: lessons from a London borough. *British Food Journal*, 111 (5), pp. 452–474.
- Bradbury-Jones, C., Isham, L., Alexander, J.M. and Taylor, J. (2021) The “Neglected” Relationship Between Child Maltreatment and Oral Health? An International Scoping Review of Research. *Trauma, Violence, & Abuse*, 22 (2), pp. 265–276.
- Bramley, G., Fitzpatrick, S., Wood, J., Sosenko, F., Blenkinsopp, J., Littlewood, M., Frew, C., Bashar, T., McIntyre, J. and Johnsen, S. (2019) Hard edges Scotland: new conversations about severe and multiple disadvantage.
- Brandon, M., Bailey, S., Belderson, P. and Larsson, B. (2013) Neglect and serious case reviews. *London: NSPCC*, .
- Brandon, M., Belderson, P., Warren, C., Gardner, R., Howe, D., Dodsworth, J. and Black, J. (2008) The preoccupation with thresholds in cases of child death or serious injury through abuse and neglect. *Child Abuse Review: Journal of the British Association for the Study and Prevention of Child Abuse and Neglect*, 17 (5), pp. 313–330.
- Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), pp. 77–101.
- Braun, V. and Clarke, V. (2019) Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11 (4), pp. 589–597.
- Braun, V. and Clarke, V. (2021) Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research*, 21 (1), pp. 37–47.
- Braun, V. and Clarke, V. (2023) Toward good practice in thematic analysis: Avoiding common problems and being a knowing researcher. *International Journal of Transgender Health*, 24 (1), pp. 1–6.
- Breck, B.M., Dennis, C.B. and Leedahl, S.N. (2018) Implementing reverse mentoring to address social isolation among older adults. *Journal of Gerontological Social Work*, 61 (5), pp. 513–525.
- Bressan, V., Bagnasco, A., Aleo, G., Timmins, F., Barisone, M., Bianchi, M., Pellegrini, R. and Sasso, L. (2017) Mixed-methods research in nursing—a critical review. *Journal of Clinical Nursing*, 26 (19-20), pp. 2878–2890.

- Brinsley, J., Schmidt, M., Curtis, R., Simpson, C.E., Edwards, J., Eglitis, E.E., Gosse, G., Broad, M., Jardine, B. and Taddeo, E. (2025) Effectiveness of peer-led health behaviour interventions on adolescent's mental health and wellbeing: a systematic review and meta-analysis. *Scientific Reports*, 15 (1), pp. 16480.
- Brock, J. (2014) Safeguarding Scotland's vulnerable children from child abuse.
- Bronfenbrenner, U. (1979) Contexts of child rearing: Problems and prospects. *American Psychologist*, 34 (10), pp. 844.
- Bronfenbrenner, U. (2000) *Ecological systems theory*. American Psychological Association. .
- Browning, E.D. and Cruz, J.S. (2018) Reflective debriefing: a social work intervention addressing moral distress among ICU nurses. *Journal of Social Work in End-of-Life & Palliative Care*, 14 (1), pp. 44–72.BROWNING
- Bryman, A. (2016) *Social research methods*. Oxford university press. .
- Bullock, L., Stanyon, M., Glaser, D. and Chou, S. (2019) Identifying and responding to child neglect: Exploring the professional experiences of primary school teachers and family support workers. *Child Abuse Review*, 28 (3), pp. 209–224.
- Burgess, C., Daniel, B., Scott, J., Dobbin, H., Mulley, K. and Whitfield, E. (2014) Preventing child neglect in the UK: what makes services accessible to children and families? An annual review by Action for Children in partnership with the University of Stirling.
- Burton, J.K., Bayne, G., Evans, C., Garbe, F., Gorman, D., Honhold, N., McCormick, D., Othieno, R., Stevenson, J.E. and Swietlik, S. (2020) Evolution and effects of COVID-19 outbreaks in care homes: a population analysis in 189 care homes in one geographical region of the UK. *The Lancet Healthy Longevity*, 1 (1), pp. e21–e31.
- Butler, J. (2005) Giving an account of oneself. *Fordham UP*, .
- Byrne, D. (2022) A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality & Quantity*, 56 (3), pp. 1391–1412.
- Bywaters, P., Brady, G., Bunting, L., Daniel, B., Featherstone, B., Jones, C., Morris, K., Scourfield, J., Sparks, T. and Webb, C. (2018) Inequalities in English child protection practice under austerity: A universal challenge? *Child & Family Social Work*, 23 (1), pp. 53–61.

Bywaters, P., Bunting, L., Davidson, G., Hanratty, J., Mason, W., McCartan, C. and Steils, N. (2016) The relationship between poverty, child abuse and neglect: An evidence review. *York: Joseph Rowntree Foundation, .*

Bywaters, P., Skinner, G., Cooper, A., Kennedy, E. and Malik, A. (2022) The relationship between poverty and child abuse and neglect: new evidence. *London: Nuffield Foundation, .*

Caiels, J., Silarova, B., Milne, A.J. and Beadle-Brown, J. (2024) Strengths-based approaches—Perspectives from practitioners. *The British Journal of Social Work*, 54 (1), pp. 168–188.

Calder, M.C., McKinnon, M. and Sneddon, R. (2012) National risk framework to support the assessment of children and young people.

Care Inspectorate (2016) Learning from Significant Case Reviews in Scotland. A retrospective review of relevant reports completed in the period between 1 April 2012 and 31 March 2015. Available:

<https://www.careinspectorate.com/images/documents/3352/Learning%20from%20Significant%20Case%20Reviews%20in%20Scotland%202012%20-%202015.pdf>

[Accessed April 8th 2023]

Care Inspectorate (2019) Learning from Significant Case Reviews in Scotland. March 2015 to April 2018. Available:

<https://www.careinspectorate.com/images/documents/5064/Learning%20from%20significant%20case%20reviews%20March%202015%20-%20April%202018.pdf>

[Accessed April 1st 2023]

Care Review Scotland (2020) The Promise. Available Online:

<https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf>

[Accessed 25th April 2023]

Carmel, T. and Widom, C.S. (2020) Development and validation of a retrospective self-report measure of childhood neglect. *Child Abuse & Neglect*, 106, pp. 104555.

Chandan, J.S., Thomas, T., Gokhale, K.M., Bandyopadhyay, S., Taylor, J. and Nirantharakumar, K. (2019) The burden of mental ill health associated with childhood maltreatment in the UK, using The Health Improvement Network database: a population-based retrospective cohort study. *The Lancet Psychiatry*, 6 (11), pp. 926–934.

Chia-Jung, C., Yi-Wen, C., Chang, H. and Jui-Ying, F. (2022) Screening tools for child abuse used by healthcare providers: a systematic review. *Journal of Nursing Research*, 30 (1), pp. e193.

Children and Young People (Scotland) Act 2014. (asp 8). Available at: <https://www.legislation.gov.uk/asp/2014/8/contents> [Accessed: 14th August 2023]

Children's Hearings (Scotland) Act 2011. (asp 1). Available at: <https://www.legislation.gov.uk/asp/2011/1/contents> [Accessed: 14th August 2023]

Christie, C. (2011) *Commission on the Future Delivery of Public Services*. Edinburgh: Scottish Government.

Clarke, V. and Braun, V. (2017) Thematic analysis. *The Journal of Positive Psychology*, 12 (3), pp. 297–298.

Clarke, V. and Braun, V. (2021) Thematic analysis: a practical guide.

Cleaver, H., Unell, I. and Aldgate, J. (2011) Children's needs—parenting capacity. *Child Abuse: Parental Mental Illness, Learning Disability, Substance Misuse and Domestic Violence*, .

Coles, E., Cheyne, H., Rankin, J. and Daniel, B. (2016) Getting it right for every child: a national policy framework to promote children's well-being in Scotland, United Kingdom. *The Milbank Quarterly*, 94 (2), pp. 334–365.

Cossar, J., Belderson, P. and Brandon, M. (2019) Recognition, telling and getting help with abuse and neglect: Young people's perspectives. *Children and Youth Services Review*, 106, pp. 104469.

Cossar, J., Brandon, B., Bailey, S., Belderson, P., Biggart, L. and Sharpe, D. (2013) 'It takes a lot to build trust'. Recognition and Telling: Developing Earlier Routes to Help for Children and Young People.

Cossar, J., Brandon, M. and Jordan, P. (2016) 'You've got to trust her and she's got to trust you': Children's views on participation in the child protection system. *Child & Family Social Work*, 21 (1), pp. 103–112.

Cowley, S., Whittaker, K., Malone, M., Donetto, S., Grigulis, A. and Maben, J. (2015) Why health visiting? Examining the potential public health benefits from health visiting practice within a universal service: A narrative review of the literature. *International Journal of Nursing Studies*, 52 (1), pp. 465–480.

Creswell, C., Leigh, E., Larkin, M., Stephens, G., Violato, M., Brooks, E., Pearcey, S., Taylor, L., Stallard, P. and Waite, P. (2021) Qualitative interviews: approach, design,

sample and analysis. In: *Cognitive therapy compared with CBT for social anxiety disorder in adolescents: a feasibility study*. NIHR Journals Library.

Creswell, J.W. (2014) *A concise introduction to mixed methods research*. SAGE publications. .

Creswell, J.W., Clark, V.L.P., Gutmann, M.L. and Hanson, W.E. (2003) Advanced mixed. *Handbook of Mixed Methods in Social & Behavioral Research*, 209, pp. 209–240.

Daley, E. (2023) Hybrid working: Is it working... and at what cost? Exploring the experience of managers in child protection: Social Work. *The British Journal of Social Work*, 53 (6), pp. 3200–3217.

Danese, A. and Tan, M. (2014) Childhood maltreatment and obesity: systematic review and meta-analysis. *Molecular Psychiatry*, 19 (5), pp. 544–554.

Daniel, B. (2004) An overview of the Scottish multidisciplinary child protection review. *Child & Family Social Work*, 9 (3), pp. 247–257.

Daniel, B. (2010) Concepts of adversity, risk, vulnerability and resilience: A discussion in the context of the 'Child Protection System'. *Social Policy and Society*, 9 (2), pp. 231–241.

Daniel, B. (2015) Why Have We Made Neglect So Complicated? Taking a Fresh Look at Noticing and Helping the Neglected Child. *Child Abuse Review*, 24 (2), pp. 82–94.

Daniel, B., Burgess, C., Whitfield, E., Derbyshire, D. and Taylor, J. (2014) Noticing and Helping Neglected Children: Messages from Action on Neglect. *Child Abuse Review*, 23 (4), pp. 274–285.

Daniel, B., Taylor, J. and Scott, J. (2010) Recognition of neglect and early response: overview of a systematic review of the literature. *Child & Family Social Work*, 15 (2), pp. 248–257.

Davidson, R.D., Tomlinson, C.S., Beck, C.J. and Bowen, A.M. (2019) The revolving door of families in the child welfare system: Risk and protective factors associated with families returning. *Children and Youth Services Review*, 100, pp. 468–479.

Davis, R., Campbell, R., Hildon, Z., Hobbs, L. and Michie, S. (2015) Theories of behaviour and behaviour change across the social and behavioural sciences: a scoping review. *Health Psychology Review*, 9 (3), pp. 323–344.

Department for Education (2023) *Early years experts and mentors programme*.

Available at: <https://www.gov.uk/guidance/early-years-experts-and-mentors-programme> [Accessed 2nd May 2025]

De Vocht, F., Heron, J., Campbell, R., Egan, M., Mooney, J.D., Angus, C., Brennan, A. and Hickman, M. (2017) Testing the impact of local alcohol licencing policies on reported crime rates in England. *J Epidemiol Community Health*, 71 (2), pp. 137–145.

De Vocht, F., McQuire, C., Ferraro, C., Williams, P., Henney, M., Angus, C., Egan, M., Mohan, A., Purves, R. and Maani, N. (2022) Impact of public health team engagement in alcohol licensing on health and crime outcomes in England and Scotland: A comparative timeseries study between 2012 and 2019. *The Lancet Regional Health–Europe*, 20.

DeLong Hamilton, T.A. and Bundy-Fazioli, K. (2013) ‘A qualitative study exploring mothers’ perceptions of child neglect’, *Child & Youth Services*, 34(3), pp. 250–266.

Dempsey, L., Dowling, M., Larkin, P. and Murphy, K. (2016) Sensitive interviewing in qualitative research. *Research in Nursing & Health*, 39 (6), pp. 480–490.

Dempsey, M. and Halton, C. (2017) Construction of peer support groups in child protection social work: Negotiating practicalities to enhance the professional self. *Journal of Social Work Practice*, 31 (1), pp. 3–19.

Doody, O. and Doody, C.M. (2015) Conducting a pilot study: Case study of a novice researcher. *British Journal of Nursing*, 24 (21), pp. 1074–1078.

Dubowitz, H., Hein, H. and Tummala, P. (2018) World perspectives on child abuse and neglect 2018. *Aurora: International Society for the Prevention of Child Abuse and Neglect*, .

Duman, M., Bekaert, S., Cocks, A. and Appleton, J.V. (2024) Mapping local policy approaches to child neglect assessment practice and use of tools in England. *Child Abuse Review*, 33 (1), pp. e2842.

Dundas, R., Boroujerdi, M., Browne, S., Deidda, M., Bradshaw, P., Craig, P., McIntosh, E., Parkes, A., Wight, D. and Wright, C. (2023) Evaluation of the Healthy Start Voucher Scheme in UK: a natural experiment using the Growing Up in Scotland record linkage study and the Infant Feeding Survey. *Public Health Research*, 11 (11).

Elf, R., Nicholls, J., Ni, Y., Harris, J. and Lanceley, A. (2024) Consent practices in midwifery: A survey of UK midwives. *Midwifery*, 129, pp. 103893.

- End Child Poverty Coalition (2021) *Local child poverty indicators report: May 2021*. Available at: https://www.endchildpoverty.org.uk/wp-content/uploads/2021/05/Local-child-poverty-indicators-report-MAY-2021_FINAL-1.pdf [Accessed 3rd October 2022]
- Essex, R., Kennedy, J., Miller, D. and Jameson, J. (2023a) A scoping review exploring the impact and negotiation of hierarchy in healthcare organisations. *Nursing Inquiry*, 30 (4), pp. e12571.
- Featherstone, B. (2019) Telling different stories about poverty, inequality, child abuse and neglect. *Families, Relationships and Societies*, 5 (1), pp. 147–153.
- Ferguson, H. (2016) What social workers do in performing child protection work: Evidence from research into face-to-face practice. *Child & Family Social Work*, 21 (3), pp. 283–294.
- Ferguson, H. (2018) Making home visits: Creativity and the embodied practices of home visiting in social work and child protection. *Qualitative Social Work*, 17 (1), pp. 65–80.
- Ferguson, H., Disney, T., Warwick, L., Leigh, J., Cooner, T.S. and Beddoe, L. (2021) Hostile relationships in social work practice: Anxiety, hate and conflict in long-term work with involuntary service users. *Journal of Social Work Practice*, 35 (1), pp. 19–37.
- Finlay, L. (2021) Thematic analysis:: the ‘good’, the ‘bad’ and the ‘ugly’. *European Journal for Qualitative Research in Psychotherapy*, 11, pp. 103–116.
- Flood, S. and Holmes, D. (2016) Child Neglect and Its Relationship to Other Forms of Harm—Responding Effectively to Children’s Needs.
- Forrester, D., Westlake, D., Killian, M., Antonopolou, V., McCann, M., Thurnham, A., Thomas, R., Waits, C., Whittaker, C. and Hutchison, D. (2019) What is the relationship between worker skills and outcomes for families in child and family social work? *The British Journal of Social Work*, 49 (8), pp. 2148–2167.
- Fugard, A. and Potts, H. (2020) *Thematic analysis*. Sage. .
- Gardner, R. and Rosan, C. (2017) Child protection in the community: Recognising and responding to signs of child neglect. In: *Transforming Infant Wellbeing*. Routledge, pp. 186–195.
- Garrido, P. and Saraiva, C.B. (2012) P-601 - Understanding the revolving door syndrome. *European Psychiatry*, 27, pp. 1.
- Gatto, M.A. (2015) Making research useful: Current challenges and good practices in data visualisation.

- Gauntlett, L., Bickle, E., Thomas, G., Collins, B., Heaslip, V. and Eccles, S. (2017) Interpretative Phenomenological Analysis: A means of exploring aspiration and resilience amongst Widening Participation students. *Widening Participation and Lifelong Learning*, 19 (2), pp. 63–86.
- Ghebreyesus, T. and Russell, C. (2025) *Joint statement by WHO Director-General Dr. Tedros Adhanom Ghebreyesus and UNICEF Executive Director Catherine Russell* Available online: [On World Breastfeeding Week, countries urged to invest in health systems and support breastfeeding mothers - UNICEF UK](#) [Accessed 2nd July 2025]
- Gibbs, B.G., Forste, R. and Lybbert, E. (2018) Breastfeeding, parenting, and infant attachment behaviors. *Maternal and Child Health Journal*, 22 (4), pp. 579–588.
- Gibbs, J., Coughlan, B., Morgan, T., Mikushnica, A., Phippard, S., Crozier-Roche, F., Drayak, T., Graham, D., Smith, J. and Duschinsky, R. (2024) Social workers' perceptions of the nature of child neglect: A systematic literature review. *The British Journal of Social Work*, 54 (8), pp. 3619–3637.
- Glasgow Child Protection Committee (2016) Executive Summary of SCR Child B Available online: <https://www.glasgowchildprotectionorguk/CHttpHandlerashx?id=43957&np=0> [Accessed January 8th 2023]
- Godfrey, K.M., Reynolds, R.M., Prescott, S.L., Nyirenda, M., Jaddoe, V.W., Eriksson, J.G. and Broekman, B.F. (2017) Influence of maternal obesity on the long-term health of offspring. *The Lancet Diabetes & Endocrinology*, 5 (1), pp. 53–64.
- Grant, K. and Gravestock, F. (2003) Speech and language impairment: A neglected issue for abused and neglected children. *Children Australia*, 28 (4), pp. 4–11.
- Green, B., Oeppen, R.S., Smith, D.W. and Brennan, P.A. (2017) Challenging hierarchy in healthcare teams—ways to flatten gradients to improve teamwork and patient care. *British Journal of Oral and Maxillofacial Surgery*, 55 (5), pp. 449–453.
- Greene, J.C. (2007) *Mixed methods in social inquiry*. John Wiley & Sons. .
- Greenfield, P.M. and Cocking, R.R. (2014) *Cross-cultural roots of minority child development*. Psychology Press.
- Gřundělová, B., Broskevičová, Z. and Kowolová, I. (2024) When a gatekeeper denies a researcher access: circumstances of gate closure in social work research. *Research Ethics*, , pp. 17470161241273813.

- Guillemin, M. and Gillam, L. (2004) Ethics, reflexivity, and “ethically important moments” in research. *Qualitative Inquiry*, 10 (2), pp. 261–280.
- Gunn, F. (2020) 'Reducing the impact of child neglect: professional connections with families', *SPARK*. Available at: http://spark.stir.ac.uk/wp-content/uploads/2021/10/F-Gunn_final.pdf (Accessed: [date]).
- Gunn, F. (2024) 'We were the only ones still seeing families, we just had to be creative about how! A reflection on health visiting practice during the COVID-19 pandemic', in Disney, T. and Grimshaw, L. (eds.) *Care and coronavirus*. Bingley: Emerald Publishing Limited, pp. 97-102.
- Gunn, F. and Helm, D. (2023) 'Re-examining child neglect in the changing policy landscape', *IRISS Insight*, 75. Available at: <https://www.iriss.org.uk/sites/default/files/2023-11/insights-75.pdf>
- Gupta, A. (2017) Poverty and child neglect—the elephant in the room? *Families, Relationships and Societies*, 6 (1), pp. 21–36.
- Harerimana, A., Wicking, K., Biedermann, N. and Yates, K. (2024) Preparing for data collection: the mock interview as a researcher’s training tool. *Educational Research*, 66 (1), pp. 68–85.
- Harrison, D. and Rivera, S. (2016) *Impact of burnout, compassion fatigue and vicarious trauma among Child Protective Services workers*. Virginia Commonwealth University.
- Haworth, S., Montgomery, P. and Schaub, J. (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), pp. 239.
- Haworth, S., Schaub, J. and Montgomery, P. (2024) Exploring social workers' views on assessing child neglect in England and Wales. *Child Abuse Review*, 33 (1), pp. e2857.
- Haworth, S., Schaub, J., Kidney, E. and Montgomery, P. (2024) A systematic review of measures of child neglect. *Research on Social Work Practice*, 34 (1), pp. 17–40.
- Haynes, A., Cuthbert, C., Gardner, R., Telford, P. and Hodson, D. (2015) Thriving communities: A framework for preventing and intervening early in child neglect. *London: The National Society for the Prevention of Cruelty to Children (NSPCC)*, .
- Heimer, M., Näsman, E. and Palme, J. (2018) Vulnerable children's rights to participation, protection, and provision: The process of defining the problem in Swedish child and family welfare. *Child & Family Social Work*, 23 (2), pp. 316–323.

- Helm, D. (2010) *Making sense of child and family assessment: how to interpret children's needs*. Jessica Kingsley Publishers.
- Helm, D. (2022) Theorising social work sense-making: Developing a model of peer-aided judgement and decision making. *The British Journal of Social Work*, 52 (4), pp. 2329–2347.
- Heslehurst, N., Cullen, E., Flynn, A.C., Briggs, C., Smart, L., Rankin, J., McColl, E., Sniehotta, F.F. and McParlin, C. (2023) Maternal Obesity and Patterns in Postnatal Diet, Physical Activity and Weight among a Highly Deprived Population in the UK: The GLOWING Pilot Trial. *Nutrients*, 15 (17), pp. 3805.
- Hesse-Biber, S. (2015) Mixed methods research: The “thing-ness” problem. *Qualitative Health Research*, 25 (6), pp. 775–788.
- Holloway, I. and Galvin, K. (2023) *Qualitative research in nursing and healthcare*. John Wiley & Sons.
- Hope, L.J.G., 1993. *H v Lees*. In: Scottish Law Commission, *Discussion Paper on the Age of Criminal Responsibility*. Edinburgh: Scottish Law Commission, p.245.
- Horwath, J. (2007) The missing assessment domain: Personal, professional and organizational factors influencing professional judgements when identifying and referring child neglect. *British Journal of Social Work*, 37 (8), pp. 1285–1303.
- Horwath, J. (2011) Working together to protect children in cases of neglect: Complexity and the four 'Cs.'. *Social Work Now: The Practice Journal of Child, Work & Family*, 48, pp. 10–17.
- Horwath, J. and Tarr, S. (2015) Child visibility in cases of chronic neglect: Implications for social work practice. *The British Journal of Social Work*, 45 (5), pp. 1379–1394.
- Hochschild, A.R. (1983) *The Managed Heart: Commercialization of Human Feeling*. Berkeley: University of California Press.
- Hothersall, S.J. (2019) Epistemology and social work: Enhancing the integration of theory, practice and research through philosophical pragmatism. *European Journal of Social Work*, 22 (5), pp. 860–870.
- Howe, D. (2005) Child abuse and neglect: Attachment, development and intervention.
- Howe, K. and Gray, I., (2017) *Effective supervision in social work*. London: SAGE Publications Ltd.
- Ingram, R. and Smith, M. (2018) Relationship-based practice: emergent themes in social work literature.

- Ingram, S.D., Cash, S.J., Oats, R.G., Simpson, A. and Thompson, R.W. (2015) Development of an evidence-informed in-home family services model for families and children at risk of abuse and neglect. *Child & Family Social Work*, 20 (2), pp. 139–148.
- Irwin, S. (2013) Qualitative secondary data analysis: Ethics, epistemology and context. *Progress in Development Studies*, 13 (4), pp. 295–306.
- Isham, L., Taylor, J. and Scott, J., (2021). *Feasibility and acceptability of the 'Never Events' method in the context of multi-agency child protection: findings from an exploratory study*. *Journal of Interprofessional Care* [online], Available at: <https://doi.org/10.1080/13561820.2021.1884053> [Accessed 26 June. 2025]
- Jackson, S., Kelly, L. and Leslie, B. (2017) Parental participation in statutory child protection intervention in Scotland. *British Journal of Social Work*, 47 (5), pp. 1445–1463.
- James, E. (2020) *Not just collateral damage: The hidden impact of domestic abuse on children*. Available: [The hidden impact of domestic abuse on children | Barnardo's](#) [Accessed 2nd May 2022]
- Jnanathapaswi, S.G. (2021) Thematic analysis & coding: An overview of the qualitative paradigm. *An Introduction to Social Science Research*, , pp. 99–105.
- Johnson, D. (2017) Tangible Trauma Informed Care. *Scottish Journal of Residential Child Care*, 16 (1).
- Johnson, R. and Cotmore, R. (2015) National evaluation of the Graded Care Profile. *NSPCC, London*, .
- Johnson, R. and Fisher, H.L. (2018) Assessment of the psychometric properties of the Graded Care Profile version 2 (GCP2) tool for measuring child neglect. *Child & Family Social Work*, 23 (3), pp. 485–493.
- Johnston, M.P. (2014) Secondary data analysis: A method of which the time has come. *Qualitative and Quantitative Methods in Libraries*, 3 (3), pp. 619–626.
- Joseph Rowntree Foundation (2024) *Poverty stigma: a glue that holds poverty in place*. York: Joseph Rowntree Foundation. Available at: <https://www.jrf.org.uk/stigma-power-and-poverty/poverty-stigma-a-glue-that-holds-poverty-in-place> [Accessed 02 February 2025]
- Kankowski, L., Ardissino, M., McCracken, C., Lewandowski, A.J., Leeson, P., Neubauer, S., Harvey, N.C., Petersen, S.E. and Raisi-Estabragh, Z. (2022) The impact

- of maternal obesity on offspring cardiovascular health: a systematic literature review. *Frontiers in Endocrinology*, 13, pp. 868441.
- Karpetis, G. (2021) Clinical supervision in child protection practice: A review of the literature. *Trauma, Violence, & Abuse*, 22 (4), pp. 689–701.
- Kaushik, V. and Walsh, C.A. (2019) Pragmatism as a research paradigm and its implications for social work research. *Social Sciences*, 8 (9), pp. 255.
- Kettle, M. and Jackson, S. (2017) Revisiting the rule of optimism. *The British Journal of Social Work*, 47 (6), pp. 1624–1640.
- Khalid, G., Metzner, F. and Pawils, S. (2022) Prevalence of dental neglect and associated risk factors in children and adolescents—a systematic review. *International Journal of Paediatric Dentistry*, 32 (3), pp. 436–446.
- Killam, L. (2013) *Research terminology simplified: Paradigms, axiology, ontology, epistemology and methodology*. Laura Killam. .
- Kinsella, E.A. (2007) Embodied reflection and the epistemology of reflective practice. *Journal of Philosophy of Education*, 41 (3), pp. 395–409.
- Klevens, J. and Metzler, M. (2019) Bringing a health equity perspective to the prevention of child abuse and neglect. In: *Re-visioning public health approaches for protecting children*. Springer, pp. 197–220.
- Kumari, V. (2020) Emotional abuse and neglect: time to focus on prevention and mental health consequences. *The British Journal of Psychiatry*, 217 (5), pp. 597–599.
- Kuppens, S., Moore, S.C., Gross, V., Lowthian, E. and Siddaway, A.P. (2020) The enduring effects of parental alcohol, tobacco, and drug use on child well-being: A multilevel meta-analysis. *Development and Psychopathology*, 32 (2), pp. 765–778.
- Kyriakou, A., (2021) *Tackling child neglect: exploring a public health approach in Scotland*. PhD thesis, University of Stirling. Available at: <https://www.storre.stir.ac.uk/handle/1893/34635> [Accessed 01 May. 2025].
- Laming, L. (2003) *The Victoria Climbié Inquiry: Report of an Inquiry: Presented to Parliament by the Secretary of State for Health and the Secretary of State for the Home Department by Command of Her Majesty January 2003*. TSO.
- Laxton, S., Moriarty, C., Sapiets, S.J., Hastings, R.P. and Totsika, V., (2024). *Neighbourhood deprivation and access to early intervention and support for families of children with intellectual and developmental disabilities*. *Journal of Policy and Practice in Intellectual Disabilities*, 21(2), Article e12486

- Lee, S., (2013). *The impact of problematic parental substance use on child development*. Frontline Briefing. Dartington: Research in Practice. Available at: https://www.researchinpractice.org.uk/media/spaggjvm/2688_fb_the_impact_of_problematic_parental_substance_use_on_child_development_v5.pdf ([Accessed 26 Jan. 2024]).
- Lee, J., Tzvetkova, M. and Marchand, S., 2020. *Child protection debriefing: supporting learning and wellbeing in humanitarian settings*. New York: Alliance for Child Protection in Humanitarian Action. Available at: <<https://alliancecpha.org/en/child-protection-debriefing>> [Accessed 26 Feb. 2025].
- Leigh, J., Beddoe, L. and Keddell, E. (2020) Disguised compliance or undisguised nonsense? A critical discourse analysis of compliance and resistance in social work practice. *Families, Relationships and Societies*, 9 (2), pp. 269–285.
- Levy, A.G., Scherer, A.M., Zikmund-Fisher, B.J., Larkin, K., Barnes, G.D., Kullgren, J.T. and Fagerlin, A., 2018. *Prevalence of and factors associated with patient nondisclosure of medically relevant information to clinicians*. *JAMA Network Open*, 1(7), pp.e185293–e185293
- Linde, K., Lehnig, F., Nagl, M. and Kersting, A., 2019. *The association between breastfeeding and attachment: A systematic review*. *Midwifery*, 81, p.102592
- Lines, L.E., Hutton, A. and Grant, J.M. (2020) Navigating and negotiating meanings of child abuse and neglect: Sociocultural contexts shaping Australian nurses' perceptions. *Health & Social Care in the Community*, 28 (3), pp. 941–949.
- LoBiondo-Wood, G., Haber, J. and Titler, M.G. (2018) *Evidence-Based Practice for Nursing and Healthcare Quality Improvement-E-Book*. Elsevier Health Sciences.
- Lonne, B., Russ, E., Harrison, C., Morley, L., Harries, M., Robertson, S., Pearce, T. and Smith, J., 2020. *The “Front Door” to Child Protection—Issues and Innovations*. *International Journal on Child Maltreatment: Research, Policy and Practice*, [online] 3(4), pp.351–367
- Lowthian, E. (2022) The secondary harms of parental substance use on children's educational outcomes: A review. *Journal of Child & Adolescent Trauma*, 15 (3), pp. 511–522.
- Luckock, B., Barlow, J. and Brown, C. (2017) Developing innovative models of practice at the interface between the NHS and child and family social work where children living at home are at risk of abuse and neglect: a scoping review. *Child & Family Social Work*, 22, pp. 62–69.

- Lutman, E. and Farmer, E. (2013) What contributes to outcomes for neglected children who are reunified with their parents? Findings from a five-year follow-up study. *British Journal of Social Work*, 43 (3), pp. 559–578.
- MacDonald, L., Olsen, J.R., Shortt, N.K. and Ellaway, A. (2018) Do ‘environmental bads’ such as alcohol, fast food, tobacco, and gambling outlets cluster and co-locate in more deprived areas in Glasgow City, Scotland? *Health & Place*, 51, pp. 224–231.
- Maclaren, A.S., Locock, L., Skea, Z., Skåtun, D. and Wilson, P. (2024) Rurality, healthcare and crises: Investigating experiences, differences, and changes to medical care for people living in rural areas. *Health & Place*, 87, pp. 103217.
- Manion, K. (2011) Focusing on the child: Redressing neglect in child protection. *Social Work*, 26.
- Marmot, M. (2010) *Fair society, healthy lives: The Marmot Review*. London: The Marmot Review. Available at: <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review> [Accessed: 29 April 2022]
- Mason, J. (2006a) Mixing methods in a qualitatively driven way. *Qualitative Research*, 6 (1), pp. 9–25.
- Mason, J. (2006b) Six strategies for mixing methods and linking data in social science research.
- Mason, S.M., Flint, A.J., Field, A.E., Austin, S.B. and Rich-Edwards, J.W. (2013) Abuse victimization in childhood or adolescence and risk of food addiction in adult women. *Obesity*, 21 (12), pp. E775–E781.
- Mason, J. and Dale, A., eds., 2011. *Understanding social research: Thinking creatively about method*. London: SAGE.
- Matthews, P. (2023) Prevention of dental caries in children and young people. *Nursing Children and Young People*, 35 (3).
- Mayo, C.O., Pham, H., Patallo, B., Joos, C.M. and Wadsworth, M.E. (2022) Coping with poverty-related stress: A narrative review. *Developmental Review*, 64, pp. 101024.
- McCarter, A.K. (2014) The impact of hopelessness and hope on the social work profession. In: *Adult Development and Well-Being*. Routledge, pp. 107–123.
- McCartney, G., Hoggett, R., Walsh, D. and Lee, D., (2023). *How well do area-based deprivation indices identify income- and employment-deprived individuals across Great Britain today?* *Public Health*, 217, pp.22–25

McGregor, C. and Devaney, C. (2020) Protective support and supportive protection for families “in the middle”: Learning from the Irish context. *Child & Family Social Work*, 25 (2), pp. 277–285.

McGuire, W., Dyson, L. and Renfrew, M. (2010) Maternal obesity: consequences for children, challenges for clinicians and carers. *Seminars in Fetal and Neonatal Medicine*. Elsevier , pp. 108–112.

McMillan, K., Akoo, C. and Catigbe-Cates, A. (2023) ‘New graduate nurses navigating entry to practice in the COVID-19 pandemic’, *Canadian Journal of Nursing Research*, 55(1), pp. 78–90
McSherry, D. (2007) Understanding and addressing the “neglect of neglect”: Why are we making a mole-hill out of a mountain? *Child Abuse & Neglect*, 31 (6), pp. 607–614.

McSherry, D. (2011) Lest We Forget: Remembering the Consequences of Child Neglect-A Clarion Call to 'Feisty Advocates'. *Child Care in Practice*, 17 (2), pp. 103–113.

Medved, M.A., (2022). *The missing link in child abuse and neglect reporting: Speech-language pathologists*. Doctoral dissertation. Yeshiva University. ProQuest Dissertations and Theses Global (Publication No. 30243948).

Mertens, D.M. (2012) What comes first? The paradigm or the approach? *Journal of Mixed Methods Research*, 6 (4), pp. 255–257.

Merrick, M.T. and Latzman, N.E. (2014) ‘Child maltreatment: A public health overview and prevention considerations’, *Online Journal of Issues in Nursing*, 19(1), p.2

Miles, J. (2025) Navigating local: Emergent roles of navigators in community-driven care systems. *Nonprofit and Voluntary Sector Quarterly*, 54 (3), pp. 698–720.

Milot, T., Éthier, L.S., St-Laurent, D. and Provost, M.A. (2010) The role of trauma symptoms in the development of behavioral problems in maltreated preschoolers. *Child Abuse & Neglect*, 34 (4), pp. 225–234.

Milot, T., St-Laurent, D. and Éthier, L.S. (2016) Intervening with severely and chronically neglected children and their families: The contribution of trauma-informed approaches. *Child Abuse Review*, 25 (2), pp. 89–101.

Morgan, D.L. (2014) Pragmatism as a paradigm for social research. *Qualitative Inquiry*, 20 (8), pp. 1045–1053.

- Moriarty, J.a., Baginsky, M. and Manthorpe, J. (2015) Literature review of roles and issues within the social work profession in England. *Professional Standards Authority, London*, .
- Morris, K., Mason, W., Bywaters, P., Featherstone, B., Daniel, B., Brady, G., Bunting, L., Hooper, J., Mirza, N., Scourfield, J. and Webb, C. (2018) Social work, poverty, and child welfare interventions. *Child & Family Social Work*, 23 (3), pp. 364–372.
- Morris, M.C., Marco, M., Maguire-Jack, K., Kouros, C.D., Im, W., White, C., Bailey, B., Rao, U. and Garber, J. (2019) County-level socioeconomic and crime risk factors for substantiated child abuse and neglect. *Child Abuse & Neglect*, 90, pp. 127–138.
- Moule, P. (2020) *Making sense of research in nursing, health and social care*. Sage. .
- Muench, K., Diaz, C. and Wright, R. (2017) Children and parent participation in child protection conferences: A study in one English local authority. *Child Care in Practice*, 23 (1), pp. 49–63.
- Munro, E. (2008) Lessons from research on decision making. *Child Welfare Research: Advances for Practice and Policy*, , pp. 194–200.
- Munro, E. (2011) *The Munro review of child protection: final report, a child-centred system*. The Stationery Office.
- Naughton, A., Mann, M., Tempest, V., Kemp, A.M. and Maguire, S., 2011. *Can we identify child neglect and emotional abuse in preschool children? A systematic review of primary healthcare practitioners' perceptions*. *Child Abuse Review*, 21(1), pp.36–51
- National Society for Prevention of Cruelty to Children (2015) The Graded Profile 2 Available online: [Graded Care Profile 2 \(GCP2\) | NSPCC Learning](#) [Accessed September 1st 2023]
- National Society for Prevention of Cruelty to Children (2022) Neglect Learning from case reviews Summary of risk factors and learning for improved practice around neglect Available online: <https://learningnspccorguk/research-resources/learning-from-case-reviews/neglect> [Accessed April 20th 2023]
- NHS Scotland (2019) *Child healthy weight programme: core intervention framework*. Edinburgh: NHS Health Scotland. Available at: <https://www.healthscotland.scot/publications/child-healthy-weight-programme-core-intervention-framework> [Accessed 2nd January 2025].

Noon, E.J. (2018) Interpretive phenomenological analysis: An appropriate methodology for educational research? *Journal of Perspectives in Applied Academic Practice*, 6 (1), pp. 75–83.

Noyes, A.L. (2022) Navigating the hierarchy: Communicating power relationships in collaborative health care groups. *Management Communication Quarterly*, 36 (1), pp. 62–91.

Nursing and Midwifery Council (2022) *Standards of proficiency for specialist community public health nurses*. London: NMC. Available at: <https://www.nmc.org.uk/standards/standards-for-post-registration/standards-of-proficiency-for-specialist-community-public-health-nurses/> [Accessed May 3rd 2024].

Office for Statistics Regulation (2022) *Data gaps: no need to be daunted*. Available at: <https://osr.statisticsauthority.gov.uk/blog/data-gaps-no-need-to-be-daunted> [Accessed 18th July 2022]

Olive, S., Tuthill, D., Hingston, E.J., Chadwick, B. and Maguire, S. (2016) Do you see what I see? Identification of child protection concerns by hospital staff and general dental practitioners. *British Dental Journal*, 220 (9), pp. 451–457.

Oliver, C. and Charles, G., 2014. *Which strengths? Whose perspective? Negotiating the practice of strengths-based approaches in child protection work*. *Child & Family Social Work*, 20(4), pp.460–469.

Pacheco, A.C.F. (2020) No title. *Examination of the Community Food Environment and the Drivers Affecting and Impacting Obesogenicity in a Deprived Urban Neighbourhood in Scotland*, .

Parker, J. (2020) Social work practice: Assessment, planning, intervention and review.

Parton, N. (2016a) An ‘authoritarian neoliberal’ approach to child welfare and protection? *Aotearoa New Zealand Social Work*, 28 (2), pp. 7–8.

Parton, N. (2016b) The contemporary politics of child protection: Part two (the BASPCAN Founder's Lecture 2015). *Child Abuse Review*, 25 (1), pp. 9–16.

Pecora, P.J., Sanders, D., Wilson, D., English, D., Puckett, A. and Rudlang-Perman, K. (2014) Addressing common forms of child maltreatment: Evidence-informed interventions and gaps in current knowledge. *Child & Family Social Work*, 19 (3), pp. 321–332.

Pinto, A., Rodriguez, A. and Smith, J. (2022) Researching sensitive topics in healthcare. *Evidence-Based Nursing*, 25 (2), pp. 41–43.

- Pitt, C., Addis, S. and Wilkins, D. (2022) What is supervision? The views of child and family social workers and supervisors in England. *Practice*, 34 (4), pp. 307–324.
- Platt, D. (2006) Investigation or initial assessment of child concerns? The impact of the refocusing initiative on social work practice. *British Journal of Social Work*, 36 (2), pp. 267–281.
- Platt, D. and Turney, D. (2014) Making threshold decisions in child protection: A conceptual analysis. *British Journal of Social Work*, 44 (6), pp. 1472–1490.
- Platt, D., Riches, K. and Helm, D. (2017) *Capacity to change assessment manual- Scottish Version*. Bristol: University of Bristol.
- Point, S. and Baruch, Y. (2023) (Re) thinking transcription strategies: Current challenges and future research directions. *Scandinavian Journal of Management*, 39 (2), pp. 101272.
- Powers, B.A. and Knapp, T.R. (2010) *Dictionary of nursing theory and research*. Springer publishing company. .
- Preston-Shoot, M. (2018) What is really wrong with serious case reviews? *Child Abuse Review*, 27 (1), pp. 11–23.
- Public Health England (2021) *No Child Left Behind: A whole systems approach to improving outcomes for disadvantaged children*. London: Public Health England. Available at: <https://www.gov.uk/government/publications/no-child-left-behind> [Accessed: 1st September 2024]
- Pulman, A. and Fenge, L.A., 2024. *The evolving workplace: the possible impacts of hybrid working and hotdesking on retention of social workers*. *British Journal of Social Work*, 54(8), pp.3755–3772
- Purtle, J., Nelson, K.L., Yang, B.X., Langellier, B.A., Stankov, I. and Diez Roux, A.V., 2021. *Public perceptions of adverse childhood experiences: assessing awareness and attribution of responsibility*. *JAMA Pediatrics*, 175(6), pp.622–624.
- QAA (2024) *UK Quality Code for Higher Education*. Gloucester: Quality Assurance Agency for Higher Education. Available at: <https://www.qaa.ac.uk/> [Accessed: 29th February 2025]
- Qiao, J., Dai, L., Zhang, Q. and Ouyang, Y. (2020) A meta-analysis of the association between breastfeeding and early childhood obesity. *Journal of Pediatric Nursing*, 53, pp. 57–66.

- Raddon, A. (2010) Early stage research training: Epistemology & ontology in social science research. *Generic Skills Training for Research Students*, , pp. 1–14.
- Raddon, A., 2022. *Reflections on reflection: exploring the politics of reflective practice in higher education*. *Studies in Higher Education*, 47(1), pp.1–13
- Ranchod, Y.K., Headen, I.E., Petito, L.C., Deardorff, J.K., Rehkopf, D.H. and Abrams, B.F. (2016) Maternal childhood adversity, prepregnancy obesity, and gestational weight gain. *American Journal of Preventive Medicine*, 50 (4), pp. 463–469.
- Rawlings, A., Paliokosta, P., Maisey, D., Johnson, J., Capstick, J. and Jones, R. (2014) *Study to investigate the barriers to learning from Serious Case Reviews (SCRs) and identify ways of overcoming these barriers*. Department for Education. .
- Raws, P. (2019) Adolescent neglect: Messages from research for policy and practice. *Child Abuse Review*, 28 (3), pp. 240–247.
- Rees, G., Hicks, L., Stein, M. and Gorin, S. (2011) *Adolescent neglect: Research, policy and practice*. Jessica Kingsley Publishers. .
- Reimer, E.C. (2013) Relationship-based practice with families where child neglect is an issue: Putting relationship development under the microscope. *Australian Social Work*, 66 (3), pp. 455–470.
- Ridsdale, L., Gilchrist, F., Balmer, R.C., Skelton, R., Sidebotham, P.D. and Harris, J.C. (2024) British Society of Paediatric Dentistry: A policy document on dental neglect in children. *International Journal of Paediatric Dentistry*, 34 (2), pp. 160–168.
- Rolfe, G. (2014) Rethinking reflective education: What would Dewey have done? *Nurse Education Today*, 34 (8), pp. 1179–1183.
- Rollins, K., Anderson, C., Grewal-Kök, Y., Widding, J., Thomas, K., Heaton, L. and Landes, H. (2024) Meeting family needs: A multi-system framework for child and family well-being. Chapin Hall at the University of Chicago.
- Rose, W. and Vincent, S. (2015) The policy context in Scotland. *Julkaisussa Early Intervention*,
- Rost, K., Ziegenhain, U., Fegert, J.M. and others, (2024). *Maternal insecure attachment representation as a long-term risk factor for disrupted mother–child interaction and child mental health*. *BMC Psychology*, 12, p 1-13
- Roy, J., (2020). *Children living with parental substance misuse: A cross-sectional profile of children and families referred to children's social care*. *Child & Family Social*

Work, [online] First published 26 Nov. Available at: <<https://doi.org/10.1111/cfs.12789>> [Accessed 2nd March 2022].

Ryan, A.B. (2006) Post-positivist approaches to research. *Researching and Writing Your Thesis: A Guide for Postgraduate Students*, , pp. 12–26.

Saar-Heiman, Y. and Gupta, A. (2020) The poverty-aware paradigm for child protection: A critical framework for policy and practice. *The British Journal of Social Work*, 50 (4), pp. 1167–1184.

Saeteurn, E.R., Wu, Q., Vasiliou, N., Mabingani, D. and Krysik, J. (2022) Peer parent programs in child welfare: A systematic review. *Child Abuse & Neglect*, 129, pp. 105682.

Salveron, M., Bromfield, L., Kirika, C., Simmons, J., Murphy, T. and Turnell, A. (2015) 'Changing the way we do child protection': The implementation of Signs of Safety® within the Western Australia Department for Child Protection and Family Support. *Children and Youth Services Review*, 48, pp. 126–139.

Salzmann-Erikson, M. (2024) The intersection between logical empiricism and qualitative nursing research: a post-structuralist analysis. *International Journal of Qualitative Studies on Health and Well-Being*, 19 (1), pp. 2315636.

Sanders, T., O'Mahony, J., Duncan, S., Mahara, S., Pitman, V., Ringstad, K. and Weatherman, K. (2019) Opening the doors for school health—An exploration of public health nurses' capacities to engage in comprehensive school health programs. *Public Health Nursing*, 36 (3), pp. 348–356.

Sapiets, S.J., Hastings, R.P., Stanford, C. and Totsika, V., 2023. *Families' access to early intervention and supports for children with developmental disabilities*. *Journal of Early Intervention*, 45(2), pp.103–121

Sartori, L.R.M., Baker, S.R. and Corrêa, M.B. (2024) Beyond the horizon: Exploring adverse childhood experiences and their lifelong, intergenerational influence on dental caries. *Medical Hypotheses*, 184, pp. 111292.

Schön, D.A. (1979) *The reflective practitioner*. New York,

Schneider, Z. and Fuller, J., 2018. *Writing research proposals in the health sciences: A step-by-step guide*. London: SAGE Publications Ltd.

Scott, J. and Daniel, B. (2018) Tackling Child Neglect in Scotland: Follow-up survey 2016.

Scott, J., Daniel, B., Taylor, J., Derbyshire, D. and Neilson, D. (2011) *Recognizing and helping the neglected child: Evidence-based practice for assessment and intervention*. Jessica Kingsley Publishers.

Scottish Children's Reporter Administration (2022) Ensuring positive futures for children and young people in Scotland Full statistical analysis 2021/2022 Available Online: <https://www.scragovuk/wp-content/uploads/2022/09/SCRA-full-statistical-analysis-2021-22pdf> [Accessed Feb 1st 2023]

Scottish Executive (2002) It's everyone's job to make sure I'm alright: report of the Child Protection Audit and Review Edinburgh Scottish Executive Available online: <https://lxirissorguk/> [Accessed September 15th 2023]

Scottish Government (2014) *Public Bodies (Joint Working) (Scotland) Act 2014*. Edinburgh: The Stationery Office.

Scottish Government (2014) National guidance for child protection in Scotland Available online: <https://www.gov.scot/publications/national-guidance-child-protection-scotland/> [Accessed April 20th 2021]

Scottish Government (2016) Child Protection Improvement Programme Available online: [Child Protection Improvement Programme Child Protection Improvement Programme - Scottish Government Blog \(blog.gov.scot\)](#) [Accessed August 30th 2023]

Scottish Government (2021) National guidance for child protection in Scotland Available online: <https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021/> [Accessed April 1st 2023]

Scottish Government (2021) *Getting it right for every child (GIRFEC)*. Edinburgh: Scottish Government. Available at: <https://www.gov.scot/policies/girfec> [Accessed: 01 September 2023]

Scottish Government (2022) *Evaluation of Best Start Foods*. Edinburgh: Scottish Government. Available at: <https://www.gov.scot/publications/evaluation-best-start-foods/> [Accessed June 8th 2024]

Scottish Government (2023) Children's Social Work Statistics Scotland 2021-2022 Available online: <https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2021-22> [Accessed Feb 1st 2023]

Scottish Government (2023) Participation Framework. Available online: [Participation Framework - gov.scot \(www.gov.scot\)](#) [Accessed September 18th 2023]

- Senek, M., Robertson, S., King, R., Wood, E. and Ryan, T. (2023) Should I stay or should I go? Why nurses are leaving community nursing in the UK. *BMC Health Services Research*, 23 (1), pp. 164.
- Sen, S. and Julious, S. (2009) Measurement in clinical trials: a neglected issue for statisticians? *Statistics in Medicine*, 28 (26), pp. 3189–3209.
- Sheehy-Skeffington, J. and Rea, J. (2017) How poverty affects people's decision-making processes.
- Sicora, A. (2017) Reflective practice, risk and mistakes in social work. *Journal of Social Work Practice*, 31 (4), pp. 491–502.
- Smith, J.A. (2017) Interpretative phenomenological analysis: Getting at lived experience. *The Journal of Positive Psychology*, 12 (3), pp. 303–304.
- Smith, J.A. and Nizza, I.E., 2022. *Essentials of interpretative phenomenological analysis*. Washington, DC: American Psychological Association.
- Smithson, R. and Gibson, M. (2017) Less than human: A qualitative study into the experience of parents involved in the child protection system. *Child & Family Social Work*, 22 (2), pp. 565–574.
- Somerfield, R. (2019) No title. *Teachers and Multi-Agency Working: A Study of Secondary School Teachers' Engagement with Multi-Agency Work in the Context of the Every Child Matters Agenda*, .
- Spratt, T. and Kennedy, M. (2021) Adverse childhood experiences: Developments in trauma and resilience aware services. *The British Journal of Social Work*, 51 (3), pp. 999–1017.
- Srivastava, O.P. and Polnay, L. (1997) Field trial of graded care profile (GCP) scale: a new measure of care. *Archives of Disease in Childhood*, 76(4), pp.337–340.
- Srivastava, O.P. (2017) *Graded Care Profile 2 (GCP2)*. London: NSPCC.
- Srivastava, O.P. and Hodson, D. (2020) Childhood neglect: a clinical perspective and introducing the Graded Care Profile 2. *Paediatrics and Child Health*, 30 (11), pp. 378–382.
- Stanley, T. and Mills, R. (2014) 'Signs of safety' practice at the health and children's social care interface. *Practice*, 26 (1), pp. 23–36.
- Stewart, R., 2023. *Obesity and dental caries in children in Scotland: Trends, inequalities, and the reach and impact of the Childsmile Programme*. PhD thesis. University of Glasgow.

- Stokes, J. and Taylor, J. (2014) Does Type of Harm Matter? A Factorial Survey Examining the Influence of Child Neglect on Child Protection Decision-making. 20 (4), pp. 383–398.
- Swain, J. (2018) A hybrid approach to thematic analysis in qualitative research: Using a practical example. *Sage Research Methods*,
- Syed, S., Gilbert, R. and Wolpert, M., 2018. *Parental alcohol misuse and the impact on children: A rapid evidence review of service presentations and interventions*. London: Children's Policy Research Unit, University College London.
- Sykes, J. (2011) Negotiating stigma: Understanding mothers' responses to accusations of child neglect. *Children and Youth Services Review*, 33 (3), pp. 448–456.
- Sylvestre, A. (2021) Language difficulties among children experiencing neglect: A public health approach aimed at narrowing the gap. *Perspectives of the ASHA Special Interest Groups*, 6 (2), pp. 242–252.
- Taherdoost, H. (2016) Sampling methods in research methodology; how to choose a sampling technique for research. *International Journal of Academic Research in Management (IJARM)*, 5.
- Tashakkori, A. and Teddlie, C. (2008) Quality of inferences in mixed methods research: Calling for an integrative framework. *Advances in Mixed Methods Research*, 53 (7), pp. 101–119.
- Taylor, J., Daniel, B. and Scott, J. (2012) Noticing and helping the neglected child: towards an international research agenda. *Child & Family Social Work*, 17 (4), pp. 416–426.
- Taylor, J., Dickens, J., Garstang, J., Cook, L., Hallett, N. and Molloy, E. (2023) Tackling the 'normalisation of neglect'.
- Taylor, J., Smith, P. and Taylor, J. (2017) A hermeneutic phenomenological study exploring the experience health practitioners have when working with families to safeguard children and the invisibility of the emotions work involved. *Journal of Clinical Nursing*, 26 (3-4), pp. 557–567.
- Teddlie, C. and Tashakkori, A. (2010) Overview of contemporary issues in mixed methods research. *Sage Handbook of Mixed Methods in Social and Behavioral Research*, 2, pp. 1–44.
- Terry, G. and Hayfield, N. (2020) Reflexive thematic analysis. In: *Handbook of qualitative research in education*. Edward Elgar Publishing, pp. 430–441.

- Thoits, P.A. (2016) "I'm Not Mentally Ill" identity deflection as a form of stigma resistance. *Journal of Health and Social Behavior*, 57 (2), pp. 135–151.
- Thompson, N. and McGowan, J., 2023. *How to survive in social work*. London: Jessica Kingsley Publishers.
- Tomkins, L., 2017. *Using interpretative phenomenological psychology in organisational research with working carers*. In: J. Brooks and N. King, eds. *Applied Qualitative Research in Psychology*. London: Macmillan Education, pp.86–100.
- Tong, L. and Kalish, B.T. (2021) The impact of maternal obesity on childhood neurodevelopment. *Journal of Perinatology*, 41 (5), pp. 928–939.
- Toros, K. and Falch-Eriksen, A., 2021. *Strengths-based practice in child welfare: A systematic literature review*. *Journal of Child and Family Studies*, 30(6), pp.1586–1598.
- Tufford, L. and Newman, P. (2012) Bracketing in qualitative research. *Qualitative Social Work*, 11 (1), pp. 80–96.
- Tufford, L., Lee, B., Bogo, M., Wenghofer, E., Etherington, C., Thieu, V. and Zhao, R. (2021) Decision-making and relationship competence when reporting suspected physical abuse and child neglect: An objective structured clinical evaluation. *Clinical Social Work Journal*, 49, pp. 256–270.
- Turbett, C. (2018) Community social work in Scotland.
- Turbett, C. (2020) Rediscovering and mainstreaming community social work in Scotland.
- Turnell, A. (2011) The Signs of Safety Child Protection Practice Framework. *Government of Western Australia, Department of Child Protection*, .
- Turnell, A. and Edwards, S. (1999) Signs of safety. *A Solution Oriented Approach to Child Protection Casework*,
- Turnell, A., 2017. *Signs of Safety: Reorienting work with children, families and communities*. Perth, Western Australia: Resolutions Consultancy.
- Tuthill, D., Guest-Rowlands, G. and Hingston, E.J., 2021. *When does childhood dental caries become neglect or abuse: do parents think what we think?* *British Dental Journal*, [online] Published 11 Nov. Available at: <<https://doi.org/10.1038/s41415-021-3569-8>> [Accessed 9th February 2024].
- UNICEF UK (1989) *The United Nations convention on the rights of the child* Available online: <https://downloads.unicef.org/uk/wp->

content/uploads/2010/05/UNCRC_PRESS200910webpdf?_ga=2785900347954195421582474737-19725786481582474737 [Accessed January 3rd 2023]

University of Stirling (2024) *Code of practice: research students*. Stirling: University of Stirling.

University of Sunderland (2022) *ReMEDI: reverse mentoring for equality, diversity and inclusion framework*. Sunderland: University of Sunderland.

Vicary, S., Young, A. and Hicks, S., 2016. *A reflective journal as learning process and contribution to quality and validity in Interpretative Phenomenological Analysis*.

Qualitative Social Work, [online] Available at:

<<https://doi.org/10.1177/1473325016635244>> [Accessed 01 October. 2023].

Vicary, S. and Ferguson, G. (2024) *Social Work Using Interpretative Phenomenological Analysis: A Methodological Approach for Practice and Research*. McGraw-Hill Education (UK).

Vincent, S. (2015) *Early Intervention: Supporting and strengthening families*. Dunedin Academic Press Ltd. .

Vincent, S. and Petch, A. (2017) Understanding child, family, environmental and agency risk factors: Findings from an analysis of significant case reviews in Scotland. *Child & Family Social Work*, 22 (2), pp. 741–750.

Vincent, S., Daniel, B. and Jackson, S. (2010) Where now for 'child protection' in Scotland? *Child Abuse Review*, 19 (6), pp. 438–456.

Viola, T.W., Salum, G.A., Kluwe-Schiavon, B., Sanvicente-Vieira, B., Levandowski, M.L. and Grassi-Oliveira, R. (2016) The influence of geographical and economic factors in estimates of childhood abuse and neglect using the Childhood Trauma Questionnaire: A worldwide meta-regression analysis. *Child Abuse & Neglect*, 51, pp. 1–11.

Wagstaff, C. and Williams, B. (2014) Specific design features of an interpretative phenomenological analysis study. *Nurse Researcher*, 21 (3).

Walsh, D., McCartney, G., Smith, M. and Armour, G., 2019. Relationship between childhood socioeconomic position and adverse childhood experiences (ACEs): a systematic review. *J Epidemiol Community Health*, 73(12), pp.1087-1093.

Walsh, G., 2020. *The arrival of the ACEs movement in Scotland: Policy entrepreneurship and critical activist responses*. *Scottish Affairs*, 29(4), pp.456–474.

Wellington, J. (2020) 'What is a doctoral thesis?', in Wellington, J., Bathmaker, A.M., Hunt, C., McCulloch, G. and Sikes, P. (eds.) *Succeeding with your doctorate*. 2nd edn. London: SAGE Publications, pp. 13-30.

Whincup, H. (2024) *Permanently Progressing Phase 2 Conference*. University of Stirling, 10th September 2024.

White, J. and Hoskins, M. (2011) On the tightrope: Making sense of neglect in everyday child welfare practice. *Canadian Social Work Review/Revue Canadienne De Service Social*, , pp. 173–188.

Whitehead, M. and Dahlgren, G. (1991) Policies and strategies to promote social equity in health. *Stockholm: Institute for Future Studies*, .

Whittaker, A., Martin, F., Olsen, A. and Wincup, E. (2020) Governing parental drug use in the UK: What's hidden in "hidden harm?". *Contemporary Drug Problems*, 47 (3), pp. 170–187.

Whittaker, A., Williams, N., Chandler, A., Cunningham-Burley, S., McGorm, K. and Mathews, G. (2016) The burden of care: a focus group study of healthcare practitioners in Scotland talking about parental drug misuse. *Health & Social Care in the Community*, 24 (5), pp. e72–e80.

Wilkins, D., Forrester, D. and Grant, L. (2017) What happens in child and family social work supervision? *Child & Family Social Work*, 22 (2), pp. 942–951.

Williams, S. (2022) Geographical, interactionism, and the management of stigma in everyday life. In: *Sociological theory and medical sociology*. Routledge, pp. 134–164.

Williams, S.E. (2017) Redrawing the line: An exploration of how lay people construct child neglect. *Child Abuse & Neglect*, 68, pp. 11–24.

Wilkins, D. and Meindl, M. (2024) Can social workers estimate the likelihood of future actions and events? A forecasting accuracy study. *The British Journal of Social Work*, 54 (3), pp. 1150–1169.

Wolock, I. and Horowitz, B. (1984) Child maltreatment as a social problem: the neglect of neglect. *American Journal of Orthopsychiatry*, 54 (4), pp. 530.

Wood, A. (2016) The Wood Report: Review of the role and functions of Local Authority Childrens Safeguarding Boards. Available:
https://assets.publishing.service.gov.uk/media/5a80676fe5274a2e8ab4ff28/Alan_Wood_review.pdf [Accessed June 4th 2023]

Woodhouse, S.S., Scott, J.R., Hepworth, A.D. and Cassidy, J., (2020). Secure base provision: A new approach to examining links between maternal caregiving and infant attachment. *Child Development*, 91(1), pp.e249-e265.

Wyatt, D., Faulkner-Gurstein, R., Cowan, H. and Wolfe, C.D. (2021) Impacts of COVID-19 on clinical research in the UK: a multi-method qualitative case study. *PLoS One*, 16 (8), pp. e0256871.

Yan, J., Liu, L., Zhu, Y., Huang, G. and Wang, P.P. (2014) The association between breastfeeding and childhood obesity: a meta-analysis. *BMC Public Health*, 14, pp. 1–11.

Yardley, L. (2000) 'Dilemmas in qualitative health research', *Psychology and Health*, 15(2), pp. 215-228.

Young, D., 2024. Income insecurity and the relational coping strategies of low-income households in the UK. *Journal of Social Policy*, 53(1), pp.148-166.

Zeedyk, S. (2021) The history of Scotland's ACEs movement: grounded in a focus on relationships. *Attachment*, 15 (1), pp. 1–20.

Appendix 1: Ethical approvals

Frances Gunn
Faculty of Social Sciences
University of Stirling
FK9 4LA

17 June 2020



NHS, Invasive or Clinical Research (NICR)
Committee

Research and Innovation Services
3B1 Cottrell Building
University of Stirling
Stirling FK9 4LA

Tel: +44 (0) 1786 466233
Email: nicr@stir.ac.uk

Dear Frances,

Factors influencing professionals work with child neglect in Ayrshire - NICR 19/20 – 087

Thank you for your submission of minor amendments received on 31 May 2020.

I am happy to grant approval of these amendments under Chairs Action.

Providing you can carry out your research without face-to-face interactions with participants you can now continue with your research. If your research can be moved to online or telephone interaction please follow the advice available at: <https://www.stir.ac.uk/research/research-ethics-and-integrity/covid-19-guidance-for-researchers/>

If your research requires face-to-face interaction then you must wait until you are advised by the University that the research recommence before you begin any data collection in person. When the project starts please inform NICR of the amended start and end dates, there will be no requirement to seek additional approval.

Learning and Development information is available on the NHS HRA website: [HRA Learning and Development](#)

NICR 19/20 – 087
Please quote this number on all correspondence

Yours sincerely,

A handwritten signature in black ink, appearing to read 'F. Harris'.

On behalf of NICR
Dr Fiona Harris
Deputy Chair of NICR

Ms Frances Gunn
Postgraduate Research Student
University of Stirling
Stirling
FK9 4LA

West of Scotland REC 1
Research Ethics
Clinical Research and Development
Ward 11
Dykebar Hospital
Grahamston Road
Paisley PA2 7DE

Date 18 August 2020
Direct line 0141 314 0212
E-mail WoSREC1@ggc.scot.nhs.uk

Please note: This is the favourable opinion of the REC only and does not allow you to start your study at NHS sites in England until you receive HRA Approval

Dear Ms Gunn

Study title:	An evaluation of the scale and spread of child neglect within Ayrshire & Arran and an exploration of factors which influence both professional and families understanding of the identification and management of child neglect.
REC reference:	20/WS/0093
Protocol number:	V0.5
IRAS project ID:	282095

Thank you for your letter of 17 August 2020, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Conditions of the favourable opinion

The REC favourable opinion is subject to the following conditions being met prior to the start of the study.

Appendix 2: Letters to Gatekeepers (anonymised example)



Frances Gunn
Faculty of Social Sciences
University of Stirling
FK9 4LA

22.12.2021

Dear _____,

Research study: Factors influencing professionals work with child neglect in Ayrshire.

I am a PhD research student based in the Centre for Child Wellbeing and Protection within the University of Stirling. As part of my PhD studies I plan to carry out a research study titled:

'An exploration of professionals and families understanding of child neglect using an ecological framework perspective, with data from Ayrshire & Arran providing a geographic case study'

The study has received ethical approval from both the University of Stirling NHS Invasive and Clinical Research Committee (NICR Reference19/20-087) and the NHS West of Scotland Research Ethics Committee (Reference20/WS/0093). R&D management approval to proceed with data collection has also been received (2020AA042).

A summary of my request is;

- To invite family nurses to participate in a short semi-structured virtual interview exploring their experiences of working with child neglect

As all data collection will take place virtually, there is no risk to participants in relation to COVID-19. I appreciate the pressure that staff have been under during the COVID-19 pandemic and I would like to reassure you that the methodology of the study has been carefully considered to minimise any impact of staff while still allowing collection of this very important data.

Analysis of the findings from the study will result in a robust understanding of both the scale and spread of child neglect within Ayrshire & Arran and an understanding of professional and family opinions of child neglect and how it presents, and crucially, what influences these perceptions. This will allow conclusions to be drawn from the findings, which can be used to inform policy and practice at both a local and national level. A report summarising key findings of the research will be provided to you on completion of the study.

Should you have any questions or comments about the study, please do not hesitate to contact me (frances.gunn@stir.ac.uk) or my academic supervisor Dr Duncan Helm (Duncan.helm@stir.ac.uk).

Many thanks for taking the time to consider contributing to this research.

A small, square image of a handwritten signature in black ink, which appears to read 'Frances Gunn'.

Frances Gunn

Part Time Research Student

Centre for Child Wellbeing and Protection

University of Stirling.

Appendix 3: Participant information sheets

PARTICIPANT INFORMATION SHEET (FAMILY)

1. Name of the Study

The study is called 'An evaluation of the scale and spread of child neglect within Ayrshire & Arran and an exploration of factors which influence both professional and families understanding of the identification and management of child neglect'.

2. Introduction

My name is Frances Gunn and I am a PhD student at the University of Stirling. I also work as a Child Protection Advisor in NHS Ayrshire & Arran. As part of my PhD, I am carrying out a project to learn more about what people understand and think about child neglect and how well professionals work with families to make things better for children and their families.

3. What does the study plan to do?

The study plans to gather information about how often child neglect happens in Ayrshire & Arran and to talk with families, young people and professionals about what they think neglect is and what needs to happen to help reduce child neglect.

Information about local communities e.g. transport links and facilities will also be gathered to see if this has any impact on child neglect.

4. Invitation

This is an invitation to take part in the study. You have been chosen because you have important information and opinions that will help me understand more about child neglect.

Before you decide if you want to take part or not, it is important for you to understand why I am doing this study and what you will have to do if you take part.

Please take time to read this information fully. You can discuss this information with others if you wish.

Please contact me on 07399855014 if there is anything that is not clear or if you would like more information.

5. Do I have to take part?

No. It is your choice whether to take part or not, and there is no pressure to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part, you can withdraw from the study at any time and without giving any reason.

Please contact me on 07399855014 if you wish to withdraw from the study at any time.

6. What do I have to do and what will happen during the interview?

If you are thinking about taking part, please complete the short form below and send it to me (by email or in the stamped addressed envelope provided).

I will then call you on the telephone number you give me, to tell you more about the study and we can chat about any questions you might have. I will carry out a pre-interview discussion with you to make sure you understand why I am carrying out the study, what you need to do to take part and what the risks and benefits of taking part are. Following this discussion, you are free to choose to take part in the interview or not. You can withdraw from the study at any time without having to explain why.

If you agree to take part, I will arrange with you when we will carry out the interview. The interview will take place by phone or videocall. I will also arrange to send you a consent form to complete and return to me before interview. This will show that you have agreed to take part in the study.

During the interview, I will ask you some questions about your experience of working with professionals like your health visitor, community practitioner or social worker. There are no right or wrong answers, and I am interested in your views of the help you were offered and the impact it had on your family. I am also interested in your understanding of what these professionals mean when they talk about 'neglect'.

The interview will last up to one hour. I will record the interview using an audio-recorder to allow me later to write down exactly what we have said during the interview.

If any of the information you share with me during the interview suggests that someone is at risk of harm, I will share this information with social work or police to make sure that the person in question receives the support they need.

7. What are the possible disadvantages and risks of taking part?

Some of the questions that I ask you during the interview may be personal in nature, so please remember that you do not have to answer or discuss anything that you don't want to, or you find upsetting. Links to support services endorsed by NHS Ayrshire & Arran Primary Care Mental Health Team and Community Mental Health Team will be made available to you should you need them. Supports include; Breathing Space and Moodjuice. I can will provide leaflets, flyers and business cards to you so you know how to access supports if you are distressed by anything we discuss during the interview. If you require more support, with your agreement, I would alert the professional who suggested you take part in the study, so that follow up can be offered to you.

The main potential disadvantage to taking part in this study is the amount of time it requires because the interview will take up to an hour.

To protect your privacy, no information that could show that you took part in the study will be given to anyone other than people within the research team at The University of Stirling helping me with the study.

8. **What are the possible benefits of taking part?**

The findings of this study will add to what is known about child neglect and could be used in the future to inform and improve practice in working with child neglect. There will be no direct benefit to you for taking part in the interview.

9. **Will anyone else know that I have taken part in the study?**

Research ethics committees in the NHS and University have checked that they are happy that how I plan to collect and store data and information will meet the General Data Protection Regulation (GDPR) rules around protecting your privacy.

All information which is collected about you, or information you give me will be stored in locked filing cabinets or on password-protected computers.

All interview recordings will be transcribed (written down) by me and I will follow the University of Stirling's policy on confidentiality at all times. The interview recordings will be destroyed after I have transcribed them.

To make sure that what you say during the interview can't be traced back to you, anything that might directly identify you will be removed from the transcripts, and I will take care when I write up the study so that your information can't be used to identify you. Some of the things you say during the interview may be quoted in reports/research papers, but your name will not be shown within these and although you might recognise what you have said, you will not be widely recognisable to others.

10. **What will happen to the findings of the study?**

The information I find out during this study will be written up as a thesis and in articles to be published in journals and I may discuss the findings at academic conferences. I might also share the findings in blogs, social media posts and possibly via media channels so that more people can hear about the findings and how these can improve work with families.

I can share any of these with you if you want.

11. **Who is organising and funding the study?**

I am doing this study as part of my PhD study and I received some funding from the Association of Child Protection Professionals. The rest of the costs are paid by me.

Factors influencing professionals work with child neglect in Ayrshire.

12. Who has reviewed the study?

This study has been reviewed by the University of Stirling ethics committee (NICR 19/20-087) and an NHS Research Ethics Committee (REC282095).

13. Contact for Further Information

For further information, please contact me on frances.gunn@stir.ac.uk or 07399855014.07967195359

14. Complaints process

If you wish to make a complaint about the study or anything I have said or done, please contact Professor Alison Bowes who is external to the research project, by phone at 01786467731 or email at a.m.bowes@stir.ac.uk.

Factors influencing professionals work with child neglect in Ayrshire.

PARTICIPANT INFORMATION SHEET (PROFESSIONALS)

1. Study title

'An exploration of professionals and families understanding of child neglect using an ecological framework perspective, with data from Ayrshire & Arran providing a geographic case study'

2. Introduction

My name is Frances Gunn and I am a PhD student at the University of Stirling. I also work as a Child Protection Advisor in NHS Ayrshire & Arran. For my PhD, I am undertaking a research project to explore public and professional perceptions of child neglect, and how this impacts on work to reduce child neglect.

3. What does the study aim to do?

To gather data around levels of child neglect within Ayrshire & Arran and to collect opinion and information from professionals and families around child neglect. The findings will be analysed together to provide more understanding of the scale of child neglect within Ayrshire & Arran, what factors impact on this and how well professional work to address neglect is improving outcomes for children and young people.

4. Invitation

You are being invited to take part in the research study. Before you decide to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully before deciding whether or not you wish to take part.

Please contact me on 07399855014 if there is anything that is not clear or if you would like more information.

5. Why have I been chosen?

If you have been given this information sheet, it is because you have been identified as someone whose opinion and information is key to understanding more about child neglect.

6. Do I have to take part?

Taking part is entirely voluntary. If you do choose to participate you will be asked to sign a consent form to confirm that you are voluntarily choosing to participate. You are free to withdraw from the study at any time and without giving any reason. Please contact me on 07399855014 if you wish to withdraw from the study at any time.

7. What is involved in the research process?



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If you would like to take part, you will be asked to contact me by email or telephone and I will then arrange a suitable day and time to conduct an interview with you. The interview will take place by videocall or telephone.

During the interview, you will be asked some questions about your experience of working with families where neglect has been identified as an area of concern. The interview will last up to one hour and will take place in person at a time and location suitable for you.

I will record the interview to allow the interview to be transcribed and analysed afterwards.

8. What do I have to do?

If you are considering taking part, please email me on frances.gunn@stir.ac.uk or call me on 07399855014. I will forward you information on the study and a consent form to complete and return to me. On receipt of your completed consent form, I will then contact you again to organise an interview on a day, time and location that suits you.

9. What are the possible disadvantages and risks of taking part?

Taking part in an interview is unlikely to result in any adverse outcomes, however some of the questions asked may be sensitive in nature therefore you are not required to answer or discuss anything that you do not wish to, or you find upsetting. If you feel distressed at any time after the interview, please don't hesitate to contact me on frances.gunn@stir.ac.uk or 07399855014 and I will offer a debrief and signpost you to appropriate sources of support.

The main potential disadvantage to taking part in this study is the amount of time it requires. The individual interview will take up to an hour. To protect your privacy, no identifiable information will be passed onto anyone outside the research team.

10. What are the possible benefits of taking part?

There will be no immediate advantage to you for participating in this research however the findings of this study will add to the current knowledge and evidence base around child neglect and could be used in the future to inform and improve practice in working with child neglect.

11. Will my taking part in this study be kept confidential?

All information which is collected about you, or responses that you provide (e.g. completed consent forms, emails), during the course of the research will be stored securely in locked filing cabinets or on password-protected computers. All recordings will be transcribed by me and I will follow the University of Stirling's policy on confidentiality at all times. Recordings will be destroyed after they have been transcribed and analysed. To make sure that your contribution can't be traced back to you, anything that might directly identify you will be removed from the transcripts, and care will be taken when writing up the study so that your information can't be

Factors influencing professionals work with child neglect in Ayrshire.

used to identify you. Some of the things you say during the interview may be quoted in reports/research papers, but your name will not be shown within these.

Although every effort will be made to maintain confidentiality and anonymity, it might be possible in some instances that you will recognise information you have shared, but you will not be widely identifiable to others from this information. The anonymised data will be archived so it will be available for re-use in future research.

Information around your participation will not be shared with your employer.

If any information you share during the interview indicates that someone is at or remains at risk of harm despite professional input, this will be acted on by the researcher, by following local referral policies and procedures.

12. What will happen to the results of the research study?

The results of this research study will be written up as a thesis and research papers for publication in journals and may be discussed at academic conferences and knowledge exchange events by the researcher. Findings may also be disseminated in blogs, social media posts and possibly via media channels. These can all be shared with you if you wish.

13. Who is organising and funding the research?

This research is being undertaken in fulfilment of PhD study and has been funded partially through a grant awarded by the Association of Child Protection Professionals (AoCPP) and partially self-funded by the researcher.

14. Who has reviewed the study?

This study has been reviewed by the University of Stirling ethics committee (NICR 19/20-087) and an NHS Research Ethics Committee (REC282095).

15. Contact for Further Information

For further information, please contact me on frances.gunn@stir.ac.uk or 07399855014.

16. Complaints process

If you wish to make a complaint about the research or the conduct of the researcher, please contact Professor Alison Bowes, external to the research project, by phone at 01786467731 or email a.m.bowes@stir.ac.uk.



Factors influencing professionals work with child neglect in Ayrshire.

PARTICIPANT INFORMATION SHEET (QUESTIONNAIRE)

1. Study title

'An evaluation of the scale and spread of child neglect within Ayrshire & Arran and an exploration of factors which influence both professional and families understanding of the identification and management of child neglect'.

2. Introduction

My name is Frances Gunn and I am a PhD student at the University of Stirling. I also work as a Child Protection Advisor in NHS Ayrshire & Arran. For my PhD, I am undertaking a research project to explore public and professional perceptions of child neglect, and how this impacts on work to reduce child neglect.

3. What does the study aim to do?

To gather information on the amount of child neglect within Ayrshire & Arran and to collect opinion and information from both professionals and families around child neglect. The findings will be analysed together to provide more understanding of the scale of child neglect within Ayrshire & Arran, what factors impact on this and how well professional work to address neglect is improving outcomes for children and young people.

4. Invitation

You are being invited to take part in the research study. Before you decide to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully before deciding whether or not you wish to take part.

Please contact me on 07399855014 if there is anything that is not clear or if you would like more information.

5. Why have I been chosen?

If you have been given this information sheet, it is because you have been identified as someone whose opinion and information is key to understanding more about child neglect.

6. Do I have to take part?

Taking part is entirely voluntary. If you complete the questionnaire, it will be assumed that you have voluntarily consented to participate in the study.

7. What do I have to do?

Factors influencing professionals work with child neglect in Ayrshire.

Simply click on the link to the electronic questionnaire, or if you would prefer a paper copy to complete please contact me on frances.gunn@stir.ac.uk or 07399855014.

8. What are the possible disadvantages and risks of taking part?

Completing a questionnaire is unlikely to result in any adverse outcomes, however some of the questions asked may be sensitive in nature therefore you are not required to answer anything that you do not wish to, or you find upsetting.

The main potential disadvantage to taking part in this study is the amount of time required to complete the questionnaire. It is anticipated that the questionnaire will take around 7 minutes to complete.

If you feel distressed after completing the questionnaire, please don't hesitate to contact me on frances.gunn@stir.ac.uk or 07399855014 and I will offer a debrief and signpost you to appropriate sources of support.

9. What are the possible benefits of taking part?

There will be no immediate advantage to you for participating in this research however the findings of this study will add to the current knowledge and evidence base around child neglect and could be used in the future to inform and improve practice in working with child neglect.

10. Will my taking part in this study be kept confidential?

You will not be asked for your name- only your job role will be requested so there will be no way of identifying who has completed the questionnaire. All information which is collected and responses that you provide will be stored securely in locked filing cabinets or on password-protected computers.

The University of Stirling's policy on confidentiality will be followed at all times. Some of the things you say during the interview may be quoted in reports/research papers, but your name will not be shown within these. Although every effort will be made to maintain confidentiality and anonymity, it is possible that in some instances you will recognise quotes you have shared, but you will not be widely identifiable to others from this information. The anonymised data will be archived so it will be available for re-use in future research.

Information around your participation will not be shared with your employer.

11. What will happen to the results of the research study?

The results of this research study will be written up as a thesis and research papers for publication in journals and may be discussed at academic conferences and knowledge exchange events by the

Factors influencing professionals work with child neglect in Ayrshire.

researcher. Findings may also be disseminated in blogs, social media posts and possibly via media channels. These can all be shared with you if you wish.

12. **Who is organising and funding the research?**

This research is being undertaken in fulfilment of a PhD award and has been funded partially through a grant awarded by the Association of Child Protection Professionals (AoCPP) and partially self-funded by the researcher.

13. **Who has reviewed the study?**

This study has been reviewed by University of Stirling ethics committee (NICR 19/20-087) and an NHS Research Ethics Committee (REC282095).

14. **Contact for Further Information**

For further information, please contact me on frances.gunn@stir.ac.uk or 07399855014.

15. **Complaints process**

If you wish to make a complaint about the research or the conduct of the researcher, please contact Professor Alison Bowes, external to the research project, by phone at 01786467731 or email at a.m.bowes@stir.ac.uk.

Appendix 4: Questionnaires

UNIVERSITY of
STIRLING



Child Smile staff experiences of child neglect

Page 1: Page 1

Thank you for your interest in completing this questionnaire. This questionnaire is designed to gather information around your professional experience and opinion on child neglect.

Before continuing, please make sure that you've read and understood the participant information sheet.

By completing this questionnaire you are giving consent for the data you share to be analysed and published as part of the research study.

1. What is your job title?

2. Please briefly outline what you would consider to be a definition of child neglect.

3. Without sharing any staff or patient identifiable details, could you briefly describe some presentations within your service where you have been concerned about child neglect?

4. How confident do you feel in recognising child neglect?

- ☐ Very confident
- ☐ Confident
- ☐ Fairly confident
- ☐ Not confident
- ☐ Unsure

5. What affects your confidence in recognising child neglect?

6. What would make you consider escalating your concerns if you were worried that a child who presented at your service was being neglected?

--	--

Page 2: Final page

Many thanks for taking the time to participate in this study. Your input is much appreciated.

I can be contacted on frances.gunn@stir.ac.uk should you wish to discuss any aspect of the questionnaire or research study.



Professional decision making around neglect.

Page 1: Page 1

Thank you for your interest in completing this questionnaire. This questionnaire is designed to gather information around your professional experience and opinion on child neglect.

Before continuing, please make sure that you've read and understood the participant information sheet.

By completing this questionnaire you are giving consent for the data you share to be analysed and published as part of the research study.

1. What is your job title?

2. Please briefly outline what you would consider to be a definition of child neglect.

3. What factors underpin your decision making during Inter-agency Referral Discussion, when considering if a child who is being neglected is at risk of significant harm and requires to be subject to a child protection investigation?

4. How do you feel that decision making around threshold of significant harm for neglect compares to that of other concerns e.g. physical abuse, sexual abuse?

- ☐ More complicated
- ☐ Less complicated
- ☐ No different
- ☐ Other

4.a. If you selected Other, please specify:

4.b. Why?

2 / 4

5. What would make you consider that a comprehensive medical may be indicated for a child where there are indicators of neglect?

Page 2: Final page

Many thanks for taking the time to participate in this study. Your input is much appreciated.

I can be contacted on frances.gunn@stir.ac.uk should you wish to discuss any aspect of the questionnaire or research study.



Speech & language staff experiences of child neglect

Page 1: Page 1

Thank you for your interest in completing this questionnaire. This questionnaire is designed to gather information around your professional experience and opinion on child neglect.

Before continuing, please make sure that you've read and understood the participant information sheet.

By completing this questionnaire you are giving consent for the data you share to be analysed and published as part of the research study.

1. What is your job title?

2. Thinking specifically about children who present at speech and language services, are there factors that would make you consider that neglect could be impacting on their speech and language development?

3. Can you think of times where you have felt that neglect may have contributed to communication difficulties?

- ☐ Yes
- ☐ No
- ☐ Possibly
- ☐ Unsure

4. How common do you think it is for child neglect to impact on communication skills?

- ☐ Very common
- ☐ Fairly common
- ☐ Fairly uncommon
- ☐ Not at all common
- ☐ Unsure
- ☐ Other

4.a. If you selected Other, please specify:

5. Please describe some strategies you would consider using with families to try and improve speech and language outcomes if you felt that child neglect may be an issue within the family

environment.

6. How confident do you feel in recognising child neglect?

- ☐ Very confident
- ☐ Confident
- ☐ Fairly confident
- ☐ Not confident
- ☐ Unsure

7. What affects your confidence in recognising child neglect?

8. What would make you consider escalating concerns if you were worried that a child who presented at your service may be neglected?

Page 2: Final page

Many thanks for taking the time to participate in this study. Your input is much appreciated.

I can be contacted on frances.gunn@stir.ac.uk should you wish to discuss any aspect of the questionnaire or research study.



Hospital based staff experiences of child neglect.

Page 1: Page 1

Thank you for your interest in completing this questionnaire. This questionnaire is designed to gather information around your professional experience and opinion on child neglect.

Before continuing, please make sure that you've read and understood the participant information sheet.

By completing this questionnaire you are giving consent for the data you share to be analysed and published as part of the research study.

1. What is your job title?

2. Please briefly outline what you would consider to be a definition of child neglect.

3. Without sharing any staff or patient identifiable details, could you briefly describe some presentations within your service where you have been concerned about child neglect?

4. How confident do you feel in recognising child neglect?

- ☐ Very confident
- ☐ Confident
- ☐ Fairly confident
- ☐ Not confident
- ☐ Unsure

5. What affects your confidence in recognising child neglect?

6. What would make you consider escalating your concerns if you were worried that a child who presented at your service was being neglected?

Appendix 5: IPA Interview schedules



Factors influencing professionals work with child neglect in Ayrshire.

Interview Schedule- Professionals.

Introduction:

- Revisit information contained within the Participant Information Sheet.
- Give participants time to ask any questions and check that the consent form has been signed and that participants understand that the interview will be recorded.

The aim of this interview is to gain an in-depth understanding of your experience of working with children and families where neglect is an area of concern. I am interested in exploring your thoughts, perceptions and reflections. There are no right or wrong answers, and I would like you to be as open and honest as possible. At times I might say very little- this is because I am interested in listening to your views.

Some questions may seem obvious, but this is because I am interested in hearing your personal thoughts and feelings. Please take your time in thinking and answering.

Introductory Questions

How long have you been working as a social worker/health visitor/community practitioner?

Tell me about your caseload.

Roughly how many families are you working with currently where neglect is an area of concern?

Key Question (working with neglect)

Can you tell me a bit about your experiences of working with child neglect?

Probing questions (working with neglect)

What factors do you think impact on the levels of child neglect?

Examples to probe could include - poverty, parental mental health

Thinking specifically about your professional thresholds, when does neglect reach the 'significant harm' threshold?

Key Questions (explore family vs professional perceptions)

Do you find that family's perceptions of child neglect are similar to yours?

How do you assess engagement as genuine or tokenistic?

Probing Questions (explore family vs professional perceptions)

How easy do you find discussing neglect with families?

What are the barriers to having discussions with families?

Key Question (confidence)

How confident do you feel in recognising when a child is being neglected?

Probing questions (confidence)

What makes you feel confident/lacking in confidence?

How do you personally measure success in reducing child neglect?

What would help make your work trying to reduce neglect more successful in improving outcomes?

Factors influencing professionals work with child neglect in Ayrshire.

Interview Schedule- Families.

Introduction:

- Revisit information contained within the Participant Information Sheet.
- Give participants time to ask any questions and check that the consent form has been signed and that participants understand that the interview will be recorded.

The aim of this interview is to gain an in-depth understanding of your experience of working with professionals who have suggested that they may be concerned about child neglect. I am interested in exploring your feelings, thoughts and views. There are no right or wrong answers and I would like you to be as open and honest as possible. At times I might say very little- this is because I am interested in listening to what you say.

Some questions may seem obvious but this is because I am interested in hearing your personal opinion on the question. Please take your time in thinking and answering.

Introductory Questions

Tell me a bit about you and your family- how many children do you have/who lives in your home?

Which service is the professional you are working with/have worked with based in? (Please try not to tell me their name- but don't worry if you do mention it. I'll make sure it's not shared when I type the transcript of this interview)

Key Question

Can you tell me what you think it means when people talk about child neglect?

Probing questions;

How do you think people can tell when children or young people are being neglected?

What things do you think might contribute or cause children to be neglected?

Examples to probe could include - poverty, parental mental health

What about the communities' families live in- do you think that has an impact on child neglect?

Key Questions (explore family vs professional perceptions)

Do you think that what professionals think child neglect is, is the same as you've spoken about today?

Probing Questions (explore family vs professional perceptions)

What do you think contributes to any difference in opinion around neglect?

What about your peers- would their views be similar to yours? Why?

Key Question (interventions)

How is the work you are doing with (professional job title) going?

Probing questions (interventions)

Have they told you what they are hoping that the end result of the work will be?

What would help make the work more successful in your opinion?

Appendix 6: Examples from thematic analysis

Q2. Thinking specifically about children who access speech and language services, are there factors that would make you consider that neglect could be impacting on their speech and language development? If you have answered yes, please give some examples.

Poor interaction between child and parent/carer Limited time spent talking to the child and too much time spent with electronic devices

Over use of dummy impacting on speech sound development

Poor attendance at nursery or school so impacting on peer interactions and emersion in language rich environments

Lack of early attachment and nurturing can impact on emotional well being and ability to express emotions and feelings

Non attendance at appointments such as ENT if hearing/adenoids for example are an issue

An adult playing with the child or talking with him helps build their speech and language development more than any other method. The child will learn early communication skills such as eye contact, turn taking, gestures, and eventually how to understand words and start to use them. If the child is not exposed to these language experiences it can in turn mean their development of language can be delayed.

- This is the same for the development of the child's speech sounds.

Yes, social deprivation, lack of stimulation, limited opportunities for reciprocal interaction

Yes. In general if children do not have opportunities to interact with adults/other children then this can have a negative impact on the development of their communication skills. Children learn the rules of conversation, their vocabulary, communication skills from everyday quality interactions with adults and children. also if neglect is involved the children may not be accessing nursery placements regularly, being taken to medical appointments eg audiology, ENT if there are issues with hearing

If children have poor speech, language and communication skills this impacts on their abilities to learn to read and write, make friends, tell people how they feel which has a negative effect on their life outcomes.

Can also lead to behavioural difficulties in later life

Yes: children that experience neglect in terms of a deprived language environment with less opportunities to listen to adults speaking and practice language skills through interactions will have an impact on the Its no one feature, its a combination of things as part of a picture

Yes. Lack of stimulation, limited opprtunities for interaction and limited access to age appopriate play experiences can all impact on a child's speech and language development. Trauma can also have a negative impact on S&L development.

sometimes -although I feel neglect - (I don't see all neglect as deliberate?) can exacerbate the condition/difficulties that a child already presents with.

A parent may not have the skills, motivation, realisation or information to meet their child's needs. A parent may not be able to prioritise their child's needs -due to their own needs /trauma etc

Not bringing children to therapy sessions or engaging with the therapist.
Not allowing the child to participate in activities that would encourage development.
Not following up on therapy sessions with home practice.

Yes, for example if I observe poor poor/limited/absent parent-child interaction or if I observe a lack of age-appropriate/stimulating resources in the home (eg. books, toys).

Yes - lack of parental engagement with child or lack of opportunities for play. Other forms of neglect could indirectly impact on speech and language development e.g. not taking child to early years centre/school regularly, child not having wide range of experiences or routines likely to limit vocabulary.

Yes. Delayed expressive language on it's own, poor attention and listening skills.

A delay in expressive language skills can sometime be indicative of a child where there is little parent child interaction. Also a child's social skills being inappropriate may also indicate poor interaction with parents.

Failing to attend appointments, not carrying out homework activities, lack of engagement at home.

Yes

- Lack of continued engagement with services
- Lack of work completed at home to support the child reach targets
- Potential lack of awareness of the importance of a language rich home environment

Yes - likely poorer language environment (parents maybe are not interacting with child to support development), lack of parental knowledge about how to support child's speech, language and communication development, parents not engaging with services meaning they may be discharged and child does not receive input, parents not completing work with children at home, adverse childhood events. Development of speech and language. Also, not providing appropriate stimuli like toys, or the opportunity to learn through play, this will affect speech and language development too.

Poor development of unknown reason Attachment disorder type difficulties meaning they may present like they have autism but don't meet the criteria for this evidence of mouth groove when doing an oral exam or rotten teeth showing possible dummy use or poor oral care children backing sounds e.g. making sounds at the back of their mouth - this often results from dummy use poor play skills with no other cause e.g. like the children don't have toys, don't know what to do with them

Interview Text Excerpts	Code
poor play skills with no other cause e.g. like the children don't have toys, don't know what to do with them	PLAY

Also, not providing appropriate stimuli like toys, or the opportunity to learn through play, this will affect speech and language development too. if I observe a lack of age-appropriate/stimulating resources in the home (eg. books, toys). limited access to age appropriate play experiences can all impact on a child's speech and language development. too much time spent with electronic devices or lack of opportunities for play	
Attachment disorder type difficulties meaning they may present like they have autism but don't meet the criteria for this (parents maybe are not interacting with child to support development), A delay in expressive language skills can sometime be indicative of a child where there is little parent child interaction lack of parental engagement with child I observe poor poor/limited/absent parent-child interaction Poor interaction between child and parent/carer Limited time spent talking to the child Lack of early attachment and nurturing can impact on emotional well being and ability to express emotions and feelings	ATTACHMENT
parents not completing work with children at home Lack of work completed at home to support the child reach targets not carrying out homework activities not taking child to early years centre/school regularly	HOMEWORK

Poor attendance at nursery or school so impacting on peer interactions and emersion in language rich environments	
Lack of continued engagement with services Failing to attend appointments Not bringing children to therapy sessions or engaging with the therapist. Not allowing the child to participate in activities that would encourage development. Not following up on therapy sessions with home practice. also if neglect is involved the children may not be accessing nursery placements regularly, being taken to medical appointments Non attendance at appointments such as ENT if hearing/adenoids for example are an issue	NON ENGAGEMENT
Trauma Adverse Childhood Experiences	TRAUMA
showing possible dummy this often results from dummy use Over use of dummy impacting on speech sound development	DUMMY

Themes:

Non engagement with services

Reciprocity

Modelling

Parental commitment to interventions

Impact of trauma

Lack of access to appropriate play and stimulation

Appendix 7: Examples from community profiles

Community Profile of: Girvan Glendoune.

Postcode Zone: KA26 0

Section 1: Geography of area and General Description.

The town of Girvan is situated on the South Ayrshire coast, 22 miles south of the centre of Ayr, and 56 miles south of Glasgow. The Glendoune community is situated in the south east of Girvan as indicated by the star on figure one. The north of Girvan is known as the Girvan Ailsa community. Girvan is the largest town in the Carrick district. Girvan was first established as a port with the Water of Girvan acting as a harbour, and a fishing industry still exists in the town today.



Figure 1: Location within Ayrshire

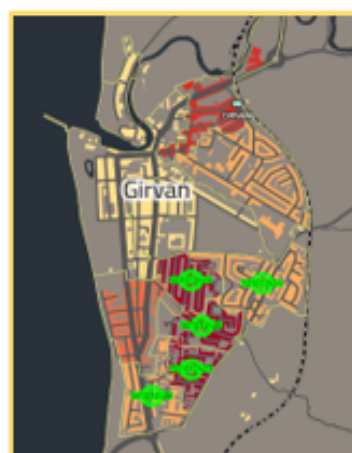


Figure 2: Community SIMD data zones

Section 2: Demographic Information and Socio-Economic Diversity.

Population

Data from the SIMD 2020, based on the 2017 NRS small area population estimates, indicates that the population of the Glendoune community was 3271. The town of Girvan has a total population estimated at 6309. As it is 22 miles south of Ayr, with an estimated travel time of 33 minutes, it is classified using the Scottish Government Urban Rural Classification 2020, as a remote small town (Scottish Government 2022).

Ethnicity

96.8% of the Glendoune community were born in the UK, and 99.1% identified as being white. This suggests that the community is Glendoune is much less diverse than the Scottish average ethnic breakdown, as in the 2019 census 89% of respondents identified as being white. (CITE DATA)

Socio-Economic Diversity

Girvan Glendoune comprises the following SIMD (2020) zones: S01012424, S01012425, S01012426, S01012427, S01012428 as noted on figure 2.

Of these five SIMD zones, three (S01012425, S01012426, S01012427) are in SIMD quintile one and two (S01012424 and S01012428) are in SIMD quintile two. From the definition of SIMD quintiles this indicates that people living in the Girvan Glendoune community live in a community with significant

deprivation and need in several areas, as the SIMD consider need across seven domains comprising income, employment, education, health, access to services, crime, and housing.

The percentage of total population in 2017, classified as income deprived within SIMD income domain, using 2011 base population estimates, in the Glendoune community was 21.58% compared to the Scottish average of 12.07%.

Housing

Ayrshire Housing Association have properties in the Girvan Glendoune community, alongside social housing owned by South Ayrshire Council.

61.9% of the houses in the Girvan Glendoune community are owner occupied, which is slightly higher than the Scottish average of 58.2% (March 2020).

Crime Rates

The number of crimes (based on SIMD crimes of violence, sexual offences, domestic housebreaking, vandalism, drug offences and common assault) and crude rate per 1,000 population. Calculated using 2011-base population estimates for all ages was 34.14 per 1000 population in the Glendoune community compared to the Scottish average of 28.82 per 1000 population.

Section 3: Community Facilities

There is a library in Girvan (not situated in the Glendoune community) and a sport and recreation venue in Girvan (not situated in the Glendoune community) called the Quay Zone which has a swimming pool, gym and soft play. Both are however, within walking distance of the Glendoune community.

Shops

In the Girvan Glendoune community, there is a Premier Store and a Morrisons Local. Both are small shops and by necessity will carry a limited range of goods.

Foodbanks

There is a Trussel Trust foodbank in Girvan, but it is situated out with the Glendoune community. It is open on a Monday 10-12 and Friday 10-12.

Also situated out with Girvan Glendoune community there is a food pantry facilitated by Childrens 1st family wellbeing service. The food pantry is situated in Girvan primary school and has a small membership fee which offers access to low-cost food. It is staffed by volunteers recruited by Childrens 1st.

There are no foodbanks situated within the Girvan Glendoune community.

Mobile Phone Reception and access to broadband.

In the Girvan Glendoune community, EE and 3 state they are likely to provide indoor voice and data coverage, with O2 and Vodafone likely to provide indoor voice coverage but only offering limited indoor data coverage.

Broadband access is available throughout the Glendoune community.

Public transport links.

Public transport provision in Girvan comprises rail and bus. There is one rail station in the centre of the town. Girvan is situated on the Glasgow-Stranraer line. The station itself is staffed part time. According to timetabling information via Scotrail, there are five trains daily between Girvan and Stranraer, and 13 trains daily between Girvan and Ayr, so the rail service is infrequent. Buses run hourly at peak times between Girvan-Stranraer and Girvan-Ayr which suggests that public transport access to larger towns and cities is limited.

Hospitals and GP practices.

There is a community hospital with an onsite pharmacy on the outskirts of Girvan. The closest Emergency Department is 20 miles to the North in Ayr Hospital.

There are 2 GP practices serving the community in Girvan Glendoune. Data from SIMD 2020 indicates that the mean time taken from within the Girvan Glendoune community to drive to a GP is 4.8 minutes. This travel time increases to 19.6 minutes when using public transport.

ATM and access to cash.

There are 2 free to use ATMs in Girvan Glendoune, with a further 4 free to use ATMs in the wider town of Girvan.

Section 4: Catchment Educational Establishments**Girvan Primary School and Nursery.**

Girvan Primary School is situated in the Girvan Ailsa community. It is a non-denominational school. In August 2022 the school roll was 328. 38% of pupils live within SIMD quintiles 1 and 2. In 2022/23 the school received Pupil Equity Funding (PEF) of £111,600 which equates to approximately £340 per child. As the PEF funding is £1200 per eligible child, this level of funding suggests that 93 children are in receipt of PEF. This equates to 28.3% of the total school role.

The school underwent an inspection by Education Scotland in November 2022. Education Scotland assessed all 4 Quality Indicators as 'Good'.

Sacred Heart Roman Catholic Primary School.

Sacred Heart is also situated in Girvan Ailsa. It is a denominational school. In August 2021 the school roll was 126, and in July 2022 the school moved into a new building with a total capacity of 125 pupils. In 2019/20 the school received PEF funding of £39,600 which equates to approximately £317 per child. As the PEF funding is £1200 per eligible child, this level of funding suggests that 33 children are in receipt of PEF. This equates to 26.4% of the total school role.

No inspection by Education Scotland has been completed within the last five years.

Girvan Academy.

Girvan Academy is also situated in the Girvan Ailsa community but bordering the north of the Glendoune community.

The school role is 500 pupils, and the school has a capacity for 750 pupils.

In 2019/20 the school received PEF funding of £51,600 which equates to approximately £103 per child. As the PEF funding is £1200 per eligible child, this level of funding suggests that 43 children in S1-S3 are in receipt of PEF.

Section 5. Health Status Indicators utilising data from PHO 2019/2020 and the CHS-PS system.

The blue arrows indicate if the figures seen in the Girvan Glendoune Community are higher or lower than the Scottish average.

	Data from KA26 0	Scottish Average
Pregnant women recorded as obese (BMI 30 and over) at antenatal booking; 3-year rolling average % of all maternities. (2018/19-2020/21)	34.48% 	25.27%
% of babies exclusively breastfed at the 6–8-week developmental review (2018/19-2020/21)	18.84% 	31.82%
% of Primary 1 children (with a valid height and weight recorded) whose BMI is between the 5% and 95% of the 1990 UK reference range for their age and sex. (2019/20)	71.43% 	76.34%
% of Primary 1 children receiving a letter 'C' (no obvious decay experience but should continue to see the family dentist on a regular basis) at basic inspection. (2019/20)	69.57% 	72.42%
% of Primary 7 children receiving a letter 'C' (no obvious decay experience but should continue to see the family dentist on a regular basis) at basic inspection. (2019/20)	69.23% 	74.96%
General acute inpatient and day case stays with diagnosis of alcohol misuse in any position. All rates have been	1072.47 per 100,000 (age-sex standardised rate) 	680.89 per 100000 (age-sex standardised rate)

Appendix 8: Examples from IPA

Examples of experiential statements

Original Transcript	Experiential Statements
<i>for example, I've been into houses where, you know, maybe I've been in at 10 o'clock in the morning and everything's been okay, and they've said everything's fine. And then at two o'clock in the afternoon I'm receiving a phone call from social workers, my colleagues, to say there's no electricity and gas in this house</i>	Rapid changes and shifts in assessment of situations Professional input and assessment being questioned Lack of trust, both between families/professionals and professionals
<i>we can get support for food banks and things like that. But what we can't always do, is pinpoint when things like that attachment maybe isn't developing as we would expect and about how to support that.'</i>	Clear role in providing practical supports Reflections that work may be tokenistic and associated frustration Sense of underlying issues not being addressed

Examples of Creation of Personal Experiential Themes

Personal Themes	Associated Subthemes	Excerpt from Transcript
1. Impact of poverty	Hardship Fighting against poverty Limited	<i>or if you just canny manage, it's like you know what you want to buy food wise and that or what you think you should be buying like fruit and that but then you've only got a fiver and you're thinking right how can I get us both fed for a couple of days'</i> <i>'I'm always down at TESCO just before it shuts. My Mum sits with the weans and I go for a rake through the yellow labels.</i>

	choices	<i>'you don't want to have to get a foodbank parcel. That's crap. NAME REDACTED got us one once, but it was all crap that was in it like tins of soup. I mean what if you don't even like soup and that?'</i>
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Personal Themes	Associated Subthemes	Excerpt from Transcript
2. Lack of consistency	Comparison with peers Plans and assessments feeling inconsistent Language used	<i>'Theres weans much worse off that need help and they're just wasting time here. I'm not saying I didn't appreciate the help, but I don't think we really needed it the same way as those weans do'</i> <i>'Emm, you know, she was a bit brutal. NAME REDACTED was like nicer about it probably, but that one just said whatever was in her head you know'</i> <i>'I mean they were saying they were worried and that and telling me what they thought I needed to do and that so I suppose they were kind of saying it without really saying it you know, but I'd have been raging if they had said that to me because</i>

		<i>it's not fair, its like accusing you of abusing your wean when you're just trying your best and that. I'd not have been happy with that at all, in fact they'd have been told where to go if they had said that to me. I'm not even kidding'</i>
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Personal Themes	Associated Subthemes	Excerpt from Transcript
3. Sense of judgement	Internal judgements External judgements	<i>'Aye, its mood. You know, like mental health. When your moods crap its just harder to do everything you know. Just hard...'</i> <i>'Its just dead judgey isn't it. Like they don't live your life. Its different if you're like battering them or that, but neglect's no something you're going to want to do is it? It just happens I think even when you're trying your actual best'</i>

Personal Themes	Associated Subthemes	Excerpt from Transcript
4. Fears and anxieties	Fear of loved children being taken away	<i>'I know what it's like to get them taken off you. It's the worst thing ever, you know your worst nightmare coming true right in front of you. It ruins you as a person'</i>

	• Anxieties about professional assessment • Stigma	<i>'you just sometimes get this ehhe, I dunno how to say it, like sense of dread sometimes when the doorbell rings, and you're thinking "is it the social? what'll they make of the place?" You're mentally running through the house thinking, aw no, ma washing is sat there piled up'</i> <i>'I wouldn't like my friends to know that I've got a social worker. It's nothing bad against her, I don't mind her- she's had my back a couple of times. It's just that sense of you don't want to be thought down on'</i>
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