Childhood Neglect

Focus on parenting capacity

Produced by Carla Thomas

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Terms of use

Acknowledgements

Identifying when parenting capacity results in neglect

Parents of neglected children

- Mothers and fathers of neglected children usually LOVE their children;
- however, they face many social and personal CHALLENGES; and
- these factors affect their capacity to provide what their children need to the extent that the children suffer, or are likely to suffer, significant harm.

Dimensions of parenting capacity

- Basic care
- Ensuring safety
- Emotional warmth
- Stimulation
- Guidance and boundaries
- Stability

Family and environmental factors

- Family history and functioning
- Wider family
- Housing
- Employment
- Income
- Family's social integration
- Community resources

Neglect and Deprivation

In a study of 555 families referred to children's social care about concerns of neglect or emotional abuse of the children:

- 57% had no wage earner in the household
- 59% lived in over-crowded housing conditions
- 10% had had 5 or more house moves in the previous 5 years
- 47% households headed by a lone parent
- 26% of parents and 24% of children had a disability or long term/serious illness
- 56% of parents reported high levels of emotional stress.
    (Thoburn et al, 2000)
- 'poverty is not a predictor of neglect: it is a correlate of neglect'. (DiLenonardi, 1993, in Horwarth, 2007)
- The majority of people living in deprived circumstances parent their children effectively, but it is a lot harder.
- Deprivation can interact with other stress factors resulting in children's needs not being met adequately.

Childhood Neglect

Research tends to have focused on mothers and has suggested them to:
- be more likely to be poor
- be less able to plan
- be less able to control impulses
- be less confident about future
- be less equipped with sense of self-efficacy
- have psychological and psychosomatic symptoms
- have had poor educational attainment
- have a high sense of alienation...
- struggle to manage money
- lack emotional maturity
- be physically and emotionally exhausted
- experience depression
- lack of knowledge of children's developmental needs
- struggle to meet dependency needs of children
- experience feelings of apathy and futility. (Kadushi 1988, Polansky 1981, Crittenden 1996, Gaudin 1993, Giovannoni 1979, Horwath 2007, Mayhall and Norgard 1983, Taylor and Daniel 2005, Stevenson 2007)

Less research on fathers, but they are likely to:
- be unemployed
- be a less supportive partner
- be violent to the mother
- misuse substances.

The man in the household is:
- more likely to be the non-biological parent,
- less likely to have been in the relationship longer than 5 years. (Coohey 1995, Featherstone 2001)

Factors associated with neglect that affect parenting capacity –
- Own experiences of adverse parenting
- Lack of supportive network/family/other
- Learning disability
- Maternal depression
- Parental psychiatric illness
- Parental substance misuse
- Abusive relationships with partner/domestic violence

Parental mental health issues
- One in four adults will experience a mental illness in their lifetime.
- Of these, between a quarter and a half will be parents.
- Their dependent children are at greater risk of experiencing health, social and/or psychological problems.
- Combined issues such as genetic inheritance, social adversity and psychological factors may lead to an increased chance of children experiencing mental health issues.
- The impact of mental ill health on parental capacity will depend on the parent's personality, the type of mental illness, its severity, the treatment given and support provided.
- Many mental health problems are manifested in intermittent episodes of symptoms.
- This can result in fluctuations between good and poor parental capacity.

Parental substance misuse
- Research carried out to inform the Advisory Council on the Misuse of Drugs report, 'Hidden Harm' (2003), estimated:
- 200,000-300,000 children of problem drug users in England and Wales
- this represents 2-3% of children less than 16 years.
- Between 780,000 and 1.3 million children are affected by parental alcohol use in England and Wales (Harwin et al. 2009).

Parents report effects on:
- providing a daily structure.
- being consistent.
- managing their children's anger.
- coping with children's transition into adolescence, especially if it involves experimentation with drugs.
- generally perceiving difficulties rather than positives in child's behaviour. (Coleman and Cassell, 1995)

Parenting Issues
- Parenting is challenging even in the context of extensive support and sufficient resources.
- In the context of diminished financial resources, limited opportunities and social isolation, parenting is very demanding.
- When parents use substances to cope, and/or are living with domestic abuse and mental health problems their capacity to care effectively can be seriously eroded.

Assessing parental capacity

Keeping the child at the centre

'There are some parents who will not be able to change sufficiently within the child's timescales in order to ensure that their children do not continue to suffer significant harm. In these situations, decisions may need to be taken to separate permanently the child and parent or parents.' (Department of Health, Department for Education and Employment, and Home Office 2000, p58)

Understanding the impact of parenta problems
- Recent research suggests that the problems that affect parenting capacity are frequently not addressed or understood.
- Unless the root problems affecting parenting capacity are assessed and addressed, children are likely to continue to experience chronic neglect.

Dimensions of parenting capacity
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Start with enegagement with parents

The task is to empathise and work with parents (wherever possible) while retaining a focus on the child and their welfare

Specific challenges will include:
- how to be honest and clear with parents without creating hostility;
- how to be empathic without colluding with unacceptable behaviour;

- how to reconcile the different imperatives of the role within practice with parents. (Forrester *et al.* 2008, p24)

What do parents tell us

They want workers who are:

- courteous
- turn up on time
- speak directly to them
- don't use jargon
- 'listen and 'really hear' and accept what is being said
- explain what is happening and why
- do what they say they are going to do and don't over-promise
- say honestly when they can't help
- are patient and make enough time to understand.

(Source: Teaching and learning communication skills in social work – SCIE 2004 Guide 5)

Barrires to enagement

- Parents may have fears that their children will be removed from their care (or not returned if already removed).
- They may deliberately avoid contact with professionals – physically or emotionally.
- They may appear to be co-operating with professionals whilst not really accepting the concerns about neglect.
- Their lives may be fraught with a series of crises that deflect from sustained attention to the assessment process.

Theoretical framework

Theoretical framework

Family history and the Parent's perceptions of own childhood

Current Circumstances
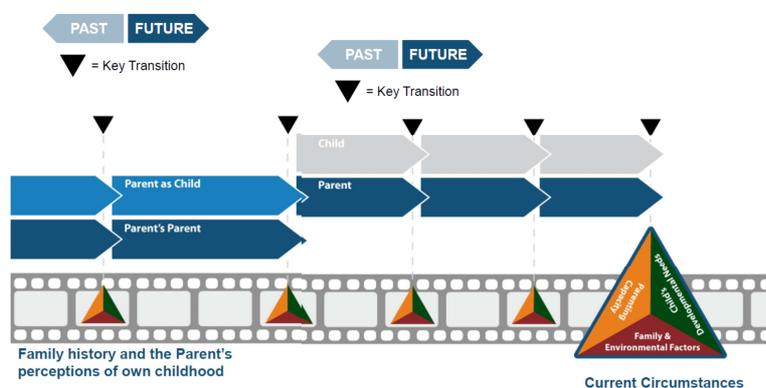
Assessment must be both **chronological** and **ecological**

A **Snapshot** and a **Movie**

Plan for assessment

- Assess the factors affecting parenting capacity.
- Consider chronology and past history and patterns within cases.

- Assess parent's current ability to form a range of healthy relationships as indicated by:
  - balance of attention to children's needs and own needs
  - awareness of effects of relationships
  - ability to take responsibility for behaviour
  - meeting the child's needs.

Importance of past history

Compiling a chronology:
- decide on purpose;
- identify key elements to be recorded;
- make sure information is accurate and in date order;
- take account of adult's perspective.

Core elements of a chronology:
- key dates: births, life events, moves;
- key facts;
- life changes, transitions;
- brief note of events and actions taken.

Assess capacity to change
- Parent's willingness to accept responsibility for aspects of their problem over which they have some control.
- Parent's ability to change, linked with child's developmental needs and timescales, and extent to which compromised.
- Parent's willingness to change.

In many cases of neglect, parents are affected by:
- domestic abuse
- mental health problems
- substance misuse

- learning disabilities
- or a combination of the above.

There needs to be specific in-depth assessment of the specific ways in which these parental problems are affecting parenting capacity.

What would help

The planned interventions should take account of an analysis of the reason for the continuation of any of these parental problems.

- Does there need to be therapeutic help for underlying emotional distress?
- Is specialist treatment required, of what type and by whom?
- Is support required to develop a range of healthy relationships?
- Does the mother need help to separate from a violent partner?

Impact of wider family factors

If isolated from extended family:

- may be a deliberate protective strategy;
- may be due to difficulties with attachment relationships;
- may be due to distance, resources, time - for example.
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Recognising the past in the present

- Adults will have 'internal working models' of relationships formed on the basis of childhood experiences of being parented.
- Parents can unconsciously be affected by their internal working models in their interactions with their own children.
- Assessing and helping people to recognise these patterns is an important part of assessment and planning.

Capacity and willingness to change

Capacity to change:

- prior evidence of changes as a result of interventions
- examples of concrete improvements over time
- capacity to translate information into action.

Willingness / motivation to change:

- acceptance of responsibility for own actions
- sustained changes over time

- making use or/accessing available resources and services.

'There is a linguistic and conceptual dilemma between a wish and need to protect children from harm, and a reluctance to label or blame caregivers who hold a primary role and responsibility in the child's life'. (Glaser 2002)

Is not necessary to determine that there is neglect.

Is not necessary for a decision to start to intervene.

Is essential in deciding the *nature* of intervention.

Is essential for deciding what *legal* action to initiate.

Effective interventions in neglect cases

It is important to consider what works and with whom it works taking account of the available evidence whilst noting that:
- the evidence base is still sparse
- is often based on findings in other countries
- and may conflate neglect with other forms of maltreatment.
- It is crucial to draw upon the available evidence base and provide support for children.

Intervention should:
- incorporate relationship building and attachment
- be long-term rather than episodic
- be multi-faceted
- be offered early as well as late
- consider both protective and risk factors
- involve fathers or male caregivers as well as female caregivers.

Managed dependency
- The vast majority of parents rely on the assistance of others .
- Parents whose children are neglected tend to have no-one to turn to for support.
- Practitioner fears about parents becoming 'too dependent' can lead to episodic patterns of support.
- Therefore, instead, plan to provide long-term support in a purposeful and authoritative manner. (Tanner & Turney 2003)

Types of intervention

Parent-child focused

Parent-focused

Child-focused

Family-focused
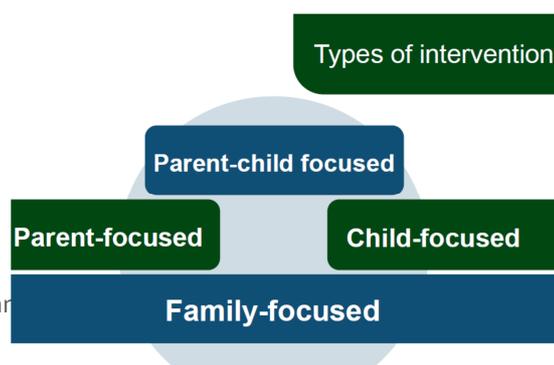
Who works:

'There is considerable research evidence to support the claim that relationship skills are important in helping people to change, whatever intervention method is being used.' (Munro 2011 p.88)

• **Four factors account for the change process in work with vulnerable families:**		
• (McKeown 2000)		
• 40%	• characteristic of the user	• history, social support, socio-economic status
• 30%	• relationship between worker and client	• empathy and clear plans
• 15%	• method of intervention	• family therapy, cognitive –behavioural therapy
• 15%	• verbal hope expressed by client	•

'Child-focused interventions predominantly aim to help children cope with the adverse effects of maltreatment such as stress, anxiety, and low self-esteem and address their immediate and long term adjustment needs.'(Davies and Ward 2011)

Examples:
- Therapeutic pre-school (Moore et. al. 1998).
- Peer-led social skills training (Fantuzzo et. al. 1996).
- Imaginative play therapy (Udwin 1983).
- Treatment foster care. (Fisher & Kim 2007)/ Multidimensional treatment foster care.

School based support

- Many schools provide valuable practical support for neglected children.
- Neglected children's cognitive and social development can be supported within the school setting.
- Teachers, and other adults within schools, can offer children the experience of trusting, caring and reliable relationships.

Parent-focused interventions

- Research has tended to focus on cognitive behavioural programs; psychotherapeutic interventions, and home visiting programmes.
- The evidence base specifically relating to neglect is sparse.
- There is a need to address the factors associated with neglect such as substance misuse, mental health issues and domestic violence.

Assessing issues affecting parenting capacity

Parental substance misuse

- strengthening families (Kumpfer & Tait 2000)
- parents under pressure (Dawe and Harnett 2007)
- the Relational Psychotherapy Mothers Group (Luthar et. al. 2007).

Parental mental health

- tailored support such as psychotherapy and CBT.

- Domestic abuse
  o reparative work on mother-child relationship
  o Post-Shelter Advocacy Programme (Sullivan & Bybee 1999)

Child – Parent focused interventions

- Parent-Infant/child Psychotherapy Intervention (Toth et. al. 2006)
- Interaction Guidance (Benoit 2001)
- Parent Child Interaction Therapy (Chaffin et al. 2004).

Family focused interventions

- Multisystemic Therapy for Child Abuse and Neglect (Swenson et al. 2010)

Guard against

- The 'start-again' syndrome (Brandon et.al. 2008).
- Frequent oscillation between care away from home and at home.
- Drift and unfocused intervention rather than authoritative practice.

4 patterns of case management identified:

- proactive throughout
- proactive case management that later became passive
- passive that later became more proactive
- passive throughout. (Farmer and Lutman, 2010 p.1)

Principles for effective interventions
- Proactive intervention with older children and adolescents is required.
- Intensive services need to be provided.
- Clear cases for legal proceedings should be built.
- Practitioners need skills in working effectively with 'non-compliant' parents.
- It can be helpful to bring in a 'second pair of eyes' to counteract common errors. (Farmer and Lutman 2010)
- When children are removed there needs to be clarity about what has to change before their return home.
- Parents should be supported to address the factors affecting parenting capacity.
- Regular and detailed reviews are required.
- Effective permanence planning is needed so that children can experience stability.

Childhood Neglect

Appendix 1 – Key facts about domestic abuse

The Women's Commission: Women's Voices to Government (2010)

- World Health Organisations Multi-Country study into women's health and domestic violence against women found that between 1 in 2 and 1 in 10 women will experience some form of violence at some point in their lives.
- One in 4 women will experience domestic abuse from a partner in her lifetime.
- 54% of cases reported to the police in 2007/08 involved repeat victimisation.
- 92% of rapists are known to the woman they rape.
- 7 out of 10 women giving evidence in rape trials will be asked about their sexual history or character.
- 1,053 rapes or attempted rapes were recorded in 2007/08 in Scotland.
- There were 1,666 incidents of indecent assault in the same period.
- Female homicide victims are most commonly killed in a dwelling with the motive being rage/fight with a partner.
- Teenage mothers seem to be particularly likely to experience domestic abuse. An American study found that 70% of teenage mothers at one hospital were in a relationship with a violent partner.
- A study in 2007 for England and Wales estimated that nearly 66,000 women aged between 15 and 49 living in the UK had undergone FGM and over 20,000 girls were at risk.
- Between 78% and 86% of stalking victims are female, with between 18% and 31% experiencing sexual violence within the context of stalking behaviour.

http://www.thewnc.org.uk/

Against Violence Abuse

- An analysis of ten separate domestic violence prevalence studies by the Council of Europe showed consistent findings: 1 in 4 women experience domestic violence during their lifetime and between 6 - 10% of women experience domestic violence in any given year. [Council of Europe (2002) Recommendation 2002/5 of the Committee of Ministers to Member States on

the Protection of Women Against Violence adopted on 30 April 2002 (Council of Europe: Strasbourg, France].

- Approximately 42% of domestic violence victims have been victimised more than once. The British Crime Survey indicates that victims experience an average of 20 incidents of domestic violence in a year, which can often increase in severity each time. [Walby, S. and Allen, J. (2004) Domestic violence, sexual assault and stalking: Findings from the British Crime Survey. Home Office Development and Statistics Directorate]

- Domestic violence has a higher rate of repeat victimisation than any other crime. [Home Office, July 2002]

- Every minute in the UK, the police receive a call from the public for assistance for domestic violence. This leads to police receiving an estimated 1,300 calls each day or over 570,000 each year. [Stanko B 'The Day to Count', 2000]

- Approximately 77% of victims of domestic violence are women. [HM Government (2008) Saving Lives. Reducing Harm. Protecting the Public. An Action Plan for Tackling Violence 2008- 2011]

- In the case of domestic violence, nearly one in four victims is victimised three or more times [Povey, E., Coleman, K., Kaiza, P., Hoare, C., Jansson, K., (2008) Home Office Statistical Bulletin: Crime in England and Wales 2006/07. Supplementary Volume 2 to Crime in England and Wales 2006/07]

- Despite chronic under-reporting (and under-recording), approximately 16% of all reported violent incidents to the police are characterised as domestic violence related [Povey, E., Coleman, K., Kaiza, P., Hoare, C., Jansson, K., (2008) Home Office Statistical Bulletin: Crime in England and Wales 2006/07. Supplementary Volume 2 to Crime in England and Wales 2006/07]

- A thematic inspection by HMIC and HMCPSI in 2004 found across six police forces an under-recording of domestic violence crimes (not incidents) of 50%. [HMCPSI and HMIC (2004) Violence at Home, London]

- Domestic violence accounts for 16% of homelessness acceptances. [Women and Equality Unit (2003) Increasing Safe Accommodation Choices]

- 500 women who have experienced domestic violence in the last six months commit suicide every year. Of those, just under 200 attended hospital for domestic violence on the day that they committed suicide. [Walby, S. (2004) The Cost of Domestic Violence. Women and Equality Unit

- A study of 200 women's experiences of domestic violence found that 60% of the women had left because they feared that they or their children would be killed by the perpetrator. nit] [C. Humphreys and R. Thiara (2002) Routes to Safety: Protection issues facing abused women and children and the role of outreach service (Women's Aid Federation England: Bristol)]

http://www.avaproject.org.uk/

Appendix 2 – Addiction and dependence

Extract from Lexicon of alcohol and drug terms published by the World Health Organization Available at
http://www.who.int/substance_abuse/terminology/who_lexicon/en/

Addiction, drug or alcohol - Repeated use of a psychoactive substance or substances, to the extent that the user (referred to as an addict) is periodically or chronically intoxicated, shows a compulsion to take the preferred substance (or substances), has great difficulty in voluntarily ceasing or modifying substance use, and exhibits determination to obtain psychoactive substances by almost any means.

Typically, tolerance is prominent and a withdrawal syndrome frequently occurs when substance use is interrupted. The life of the addict may be dominated by substance use to the virtual exclusion of all other activities and responsibilities. The term addiction also conveys the sense that such substance use has a detrimental effect on society, as well as on the individual; when applied to the use of alcohol, it is equivalent to alcoholism.

Addiction is a term of long-standing and variable usage. It is regarded by many as a discrete disease entity, a debilitating disorder rooted in the pharmacological effects of the drug, which is remorselessly progressive. From the 1920s to the 1960s attempts were made to differentiate between addiction; and "habituation", a less severe form of psychological adaptation. In the 1960s the World Health Organization recommended that both terms be abandoned in favour of dependence, which can exist in various degrees of severity.

Addiction is not a diagnostic term in ICD-10, but continues to be very widely employed by professionals and the general public alike. See also: dependence; dependence syndrome.

Dependence (F1x.2.) - As a general term, the state of needing or depending on something or someone for support or to function or survive. As applied to alcohol and other drugs, the term implies a need for repeated doses of the drug to feel good or to avoid feeling bad. In DSM-IIIR, dependence is defined as "a cluster of cognitive,

behavioural and physiologic symptoms that indicate a person has impaired control of psychoactive substance use and continues use of the substance despite adverse consequences". It is roughly equivalent to the dependence syndrome of ICD-10. In the ICD-I0 context, the term dependence could refer generally to any of the elements in the syndrome. The term is often used interchangeably with addiction and alcoholism. In 1964 a WHO Expert Committee introduced "dependence" to replace addiction and habituation*.

The term can be used generally with reference to the whole range of psychoactive drugs (drug dependence, chemical dependence, substance use dependence), or with specific reference to a particular drug or class of drugs (e.g. alcohol dependence, opioid dependence).

While ICD-I0 describes dependence in terms applicable across drug classes, there are differences in the characteristic dependence symptoms for different drugs. In unqualified form, dependence refers to both physical and psychological elements. Psychological or psychic dependence refers to the experience of impaired control over drinking or drug use (see craving, compulsion), while physiological or physical dependence refers to tolerance and withdrawal symptoms (see also neuroadaptation). In biologically-oriented discussion, dependence is often used to refer only to physical dependence.

Dependence or physical dependence is also used in the psychopharmacological context in a still narrower sense, referring solely to the development of withdrawal symptoms on cessation of drug use.

In this restricted sense, cross- dependence is seen as complementary to cross-tolerance, with both referring only to physical symptomatology (neuroadaption).

*WHO Expert Committee on Addiction-Producing Drugs. Thirteenth report of the WHO expert Committee. Geneva,World Health Organization, 1964 (WHO Technical Report Series, No.273).

Appendix 3 – motivation to change

Assessment of motivation to change

In an increasingly pressured and target-driven environment, working to avoid 'drift' is seen as beneficial both in terms of effective use of resources and better outcomes for children and young people. However, chronic neglect may require long-term intensive support and the difficulties which agencies have in responding to the needs of neglected children can result in a revolving door of service provision (Tanner and Turney in Taylor and Daniel 2003) and a tendency towards a 'start again' mentality (Brandon et al 2008) where a 'clean sheet' approach is taken to every fresh referral.

If drift is to be avoided then practitioners need to be clear about what changes they are measuring, how they will be measured and what will be done as a consequence of change or a lack of change. Howarth (2007) advises that a parent's capacity to meet a child's needs is dependent on:

- **opportunity**
- **ability**
- **motivation**

All three aspects should therefore be considered in an assessment of neglect. Assessment of motivation and capacity for change is particularly challenging and two models can help practitioners establish a picture of these variables more clearly and accurately.

Some parents may appear to want to change or may say that they want to change but their behaviour, particularly their behaviour towards the child, is no different. Change in parenting capacity is personal level change and is unlikely to be achieved just by teaching parenting skills (Donald and Jureidini 2004).

Given that such change is of significance for both the child and the parent, it is important that the assessment of the degree of change is both accurate and thorough. Horwath and Morrison (2001) provide a model for assessing the extent to

which there is genuine motivation to change. Motivation is plotted on two dimensions of effort and commitment to change:
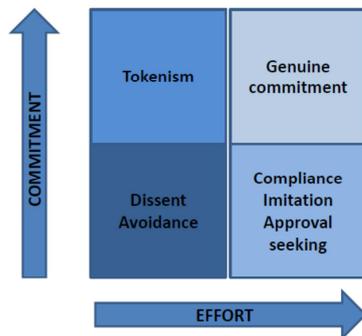
Adapted from Horwath, J. and Morrison, T. (2009) 'Assessment of parental motivation to change.' In Horwath , J. (Ed) (2009)*The Child's World: Assessing Children in Need.* London, Jessica Kingsley.

Assessing Motivation

[Excerpt: Howarth (2001) The Child's World: Assessing children in need. London: Jessica Kingsley Publishers (p109)]

High effort and high commitment to change is genuine commitment to change.

For example, I know it's important for Lee to go to nursery so I get everything ready in the evening so we don't have to rush in the morning.

High effort and low commitment to change is compliance imitation or approval seeking.

For example, I get her to nursery at 9.30am because that is what is written in the care plan.

Low effort and high commitment to change is tokenism.

For example, I'm happy for Lee to go to nursery as long as you fetch her and bring her back in a taxi.

Low effort and low commitment to change is dissent or avoidance.

For example, The nursery seems to be doing more harm than good; he comes back really tired so why bother?

External motivators are not nearly as effective as internally held motivators. The adage 'You can take a horse to water but you can't make it drink' aptly captures the reality that the greater the internal force for change, the better the future prognosis and vice versa. Calder (2002, p371) suggests that the following questions may be helpful for parents to consider:

- Why is it important that I change?
- Do I have the ability to change?
- What does change really mean?
- What will I have to do that I can't do now?
- What will I not have to do that I do now?
- Who can help me change in what way?
- What (if anything) have I tried to change in the past and was it successful?

A continuum of motivation (Calder 2002; Morrison 1991) addresses a range of motivational statements, from External motivators ('I don't have any problems') along a continuum to a series of increasingly internalised motivators, culminating in the Internal motivator which expresses a clear commitment to change ('I want to change').

Continuum of Motivation

One of the few really effective ways of gauging whether parents are able and willing to change within a timescale that is appropriate for the child is to monitor very closely whether the child's lived experience has improved on a day-to-day basis (Daniel and Rioch 2007). Who is in a position to provide this kind of monitoring? How can they be supported to gather and make sense of these observations so as to allow an accurate assessment of change?

A model of change is highlighted in Calder (2003), based on the Cycle of Change by Prochaska and DiClemente, (1992) reflecting the process of change and indicating stages of change and points at which the participant might exit from the change process and what their exit indicates.

A version of Prochaska and DiClemente's original model is provided below. This model is useful in providing a means of evaluating the changes an individual has made or has yet to make. It also reminds us that change is a natural cycle with clear stages which should be worked through in sequence to attain a healthy and potentially abiding state of change.
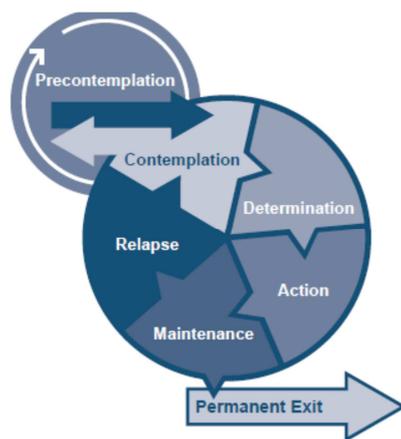
Appendix 3- Understanding beglect from a parent's view

Understanding neglect: parents'/carers' perspectives

Whilst the child's welfare must always be the paramount consideration, of central importance in working with complex cases is to provide a "dependable, professional relationship for families and children that is educative, supportive and provides timely help" (Thoburn 2009:7)

The relationship between parents/carers and professionals when there are child welfare concerns can be both complex and difficult. However, as nearly all children remain at or quickly return home, involving the families in the child protection process is likely to be effective. Moreover, partnership working is likely to lead to better outcomes for children.

So, while there are significant demands associated with developing partnership approaches, there are also clear rewards in terms of effectiveness. This was stressed in the Department of Health summaries of research findings: Child Protection: Messages from Research (Department of Health 1995), The Children Act Now: Messages from Research (Department of Health 2001) and Safeguarding Children Across Services: Messages from research on identifying and responding to child maltreatment (Davies and Ward 2012).

The essential elements of relationship-based psycho-social casework (combining elements of care and control) are based on evidence from research studies that services are unlikely to be effective if parents and children do not consider that they are treated with honesty and respect as a minimum, and cared about as individuals with needs of their own (as required by the Principles and Practice guidance published with the Children Act 1989 (Department of Health 1995).

The task then is to empathise and work with parents (wherever possible) while retaining a focus on the child and their welfare. Forrester et al (2008:24) suggest that specific challenges will include "how to be honest and clear with parents without creating hostility; how to be empathic without colluding with unacceptable behaviour;

how, in short, to reconcile the different imperatives of the role within practice with parents." This, they suggest is sometimes understood as the challenge of working in "partnership" with parents.

In 1995 the Department of Health published The Challenge of Partnership in Child Protection (Department of Health 1995). Four approaches to partnership were suggested:

- providing information
- involvement
- participation
- partnership
- parent's view

Research and Links

Publications

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Tools and resources

Assessing parenting and the family life of children (training course) http://bit.ly/17yoH7P

In My Shoes: A computer-assisted interview for communicating with children, young people and vulnerable adults http://bit.ly/1i21IHj