Voices from the field: How do child protection practitioners in the Northern Territory operationalise child neglect?

A thesis submitted in fulfilment of the requirements for the Degree of

Doctor of Philosophy

By

Annette Clare Flaherty

Department of Social Work
Monash University
2013
Notice 1

Under the Copyright Act 1968, this thesis must be used only under the normal conditions of scholarly fair dealing. In particular no results or conclusions should be extracted from it, nor should it be copied or closely paraphrased in whole or in part without the written consent of the author. Proper written acknowledgement should be made for any assistance obtained from this thesis.

Notice 2

I certify that I have made all reasonable efforts to secure copyright permissions for third-party content included in this thesis and have not knowingly added copyright content to my work without the owner's permission.
# Table of Contents

List of Figures .......................................................................................................................... 3  
List of Tables ............................................................................................................................ 4  
Abstract ........................................................................................................................................ 5  
Declaration .................................................................................................................................... 7  
Acknowledgements .................................................................................................................... 8  
Chapter One: Introduction ......................................................................................................... 9  
1.1 Research question .................................................................................................................. 13  
1.2 Significance of the study ....................................................................................................... 14  
1.3 Paying attention to child neglect .......................................................................................... 17  
1.4 Structure of the thesis .......................................................................................................... 27  
1.5 Limitations of the study ....................................................................................................... 29  
1.6 Ethical considerations ......................................................................................................... 30  
1.7 Conclusion ............................................................................................................................ 30  
Chapter Two: The context of research and practice .................................................................. 32  
2.1 Locating the Northern Territory and its people ..................................................................... 35  
2.2 The historical context of child protection practice in the NT ............................................... 39  
2.3 Contemporary issues and inquiries ...................................................................................... 62  
2.4 Current legislative, procedural and organisational context .................................................. 76  
2.5 The health and wellbeing of Northern Territory children .................................................. 81  
2.6 Child protection data for the Northern Territory ................................................................. 84  
2.7 Conclusion ............................................................................................................................ 93  
Chapter Three: Literature review .............................................................................................. 95  
3.1 What is child neglect? .......................................................................................................... 96  
3.2 Influences on child protection decision making .................................................................. 117  
3.3 Evaluating the applicability of current knowledge to the research question ...................... 185  
3.4 Conclusion ............................................................................................................................ 194  
Chapter Four: Research methods .............................................................................................. 197  
4.1 The goals of the research ...................................................................................................... 199  
4.2 Research paradigm .............................................................................................................. 201  
4.3 Research design ................................................................................................................... 210  
4.4 Data collection ...................................................................................................................... 218
Chapter Five: The study participants, perceptions of role and agreement about child neglect ................................................................. 254
5.1 Study participants ........................................................................................................................................................................ 255
5.2 Perceptions of role in cases of child neglect ................................................................................................................................. 262
5.3 Defining child neglect ..................................................................................................................................................................... 276
5.4 Understanding key terms in the definition .................................................................................................................................. 286
5.5 Applying the definition: do child protection workers agree? ....................................................................................................... 307
5.6 Conclusion ..................................................................................................................................................................................... 318
Chapter Six: Factors influencing child neglect assessments ............................................................................................................. 326
6.1 Factors influencing child neglect and standard of care decision ................................................................................................. 328
6.2 Worker and contextual factors influencing assessment ................................................................................................................. 336
6.3 Operationalising child neglect: the ‘community standard’ ............................................................................................................. 379
6.4 Conclusion ..................................................................................................................................................................................... 390
Chapter Seven: Discussion .................................................................................................................................................................. 393
7.1 Study participants compared to the national workforce .................................................................................................................. 396
7.2 The role: doing the ‘dirty work’ .......................................................................................................................................................... 401
7.3 Defining and assessing child neglect: do practitioners agree? ........................................................................................................ 410
7.4 Factors influencing assessment of child neglect ........................................................................................................................... 415
7.5 The community standard as practice wisdom ................................................................................................................................ 430
7.6 Conclusion ..................................................................................................................................................................................... 434
Chapter Eight: Conclusion .................................................................................................................................................................. 439
8.1 The study aims achieved ................................................................................................................................................................. 439
8.2 Implications of the study and suggestions for further research .................................................................................................... 442
8.3 Conclusion ..................................................................................................................................................................................... 455
References ...................................................................................................................................................................................... 459
Appendix One ................................................................................................................................................................................ 482
Appendix Two ............................................................................................................................................................................... 490
Appendix Three ............................................................................................................................................................................. 492
Appendix Four ............................................................................................................................................................................. 508
List of Figures

Figure 2.1: Map of Australia illustrating the 2006 remoteness structure (ABS 2006).................................36
Figure 2.2: Map of the Northern Territory .................................................................................................37
Figure 2.3: Proportion of population of States, Territories and Australia who are Indigenous....38
Figure 2.4: Population, NT, by age (years)-30 June 2006 (ABS 2006).........................................................39
Figure 2.5: Numbers of notifications received: NT 2001/2-2009/10 .........................................................85
Figure 2.6: Numbers of notifications received, accepted for investigation and substantiated: NT 2001/2-2009/10 .................................................................85
Figure 2.7: Percentages of different types of harm for notified cases 2003-2010: NT .........................86
Figure 2.8: Rate of children 0-12 per 1,000 children subject of child protection substantiation 2009-2010......................................................................................................................88
Figure 2.9: Rate per 1,000 children aged 0-12 subject of child protection substantiation 2009-2010 by Indigenous status .................................................................89
Figure 2.10: Children aged 0-17 in the NT subject of child protection substantiation 2001/2-2009/10: rate per 1,000 children by Indigenous status ........................................................90
Figure 2.11: Percentage of child neglect notifications: NT 2003-2010 ......................................................90
Figure 2.12: Neglect as a percentage of all substantiated cases: NT by Indigenous status 2001/2-2009/10 .......................................................................................................................91
Figure 2.13: Neglect cases substantiated as a proportion of neglect cases notified: NT2003-2010 .................................................................................................................................92
Figure 3.1: Decision making ecology .......................................................................................................119
Figure 5.1: Percentage of male and female study participants compared to national child protection workforce 2010..............................................................................................................258
Figure 5.2: Age of participants compared to national child protection workforce 2010..............259
Figure 5.3: Number of participants in each job category by data collection method .........................260
Figure 5.4: Highest educational qualification of participants compared with national child protection workforce 2010 ..........................................................................................................261
Figure 5.5: Participant years of experience working in statutory child protection in the NT ...262
Figure 5.6: Level of agreement with the statement ‘Child protection services should only get involved when there is identified harm to the child’ ........................................................................295
Figure 5.7: Level of agreement with the statement ‘Even if the physical care of the child is not adequate, if the child seems loved child protection services should not get involved’ ...........................................................................................................301
Figure 5.8: Comparison of responses to child neglect decision ............................................................312
Figure 5.9: Comparison of responses to standard of care decision .......................................................313
Figure 5.10: Borderline standard of care and child neglect decision .....................................................315
Figure 5.11: Level of agreement with the statement 'The boundary between poor quality parenting and child neglect is clear for me' ........................................................... 315

Figure 5.12: Borderline standard of care decision by job title ........................................................... 316

Figure 6.1: Level of agreement with the statement 'Whether a situation is one of child neglect or not really depends on the views of individual workers’ ........................................ 338

Figure 6.2: Level of agreement with the statement 'I find it hard to know what to do in cases of child neglect: there are so many issues to address’ ........................................... 353

Figure 6.3: Level of agreement with the statement 'I find it difficult to know what is reasonable to expect of poor families’ ...................................................................................... 355

Figure 6.4: Level of agreement with the statement 'Child neglect should not be substantiated when the family is living in poverty’ ................................................................. 357

Figure 6.5: Level of agreement with the statement 'Child neglect definitions reflect white middle class values’ ........................................................................................................ 362

Figure 6.6: Level of agreement with the statement 'I struggle to assess child neglect in cultures that are different from my own’ ...................................................................................... 363

List of Tables ........................................................................................................................................ 86

Table 2.1: Proportion of notifications accepted for investigation: NT 2001/2-2009/10 .......................................................... 86

Table 2.2: Child protection investigations commenced each year: NT 2004-2009 by urgency .......................................................... 87

Table 2.3: Proportion of notifications which resulted in substantiation: NT 2001/2-2009/10 .......................................................... 88

Table 5.1: Number of postal questionnaires distributed by office .......................................................... 257

Table 5.2: Comparison between standard of care and child neglect decisions .......................................................... 314

Table 6.1: Number of times each factor nominated as influencing decision making by child neglect agreement .................................................................................................................................. 329

Table 6.2: Number of times each factor nominated as influencing decision making by child neglect dis-agreement .................................................................................................................................. 332

Table 6.3: Number of times each factor nominated as influencing decision making by borderline standard of care assessment .................................................................................................................................. 334
ABSTRACT

This study set out to understand how child protection practitioners in the Northern Territory operationalise child neglect. It did so firstly because child neglect is a major reason such concerns are referred to the child protection service in the Northern Territory. Child neglect cases comprise 28 per cent of all substantiated child maltreatment cases in Australia, and 50 per cent in the Northern Territory (AIHW 2011). Secondly, as outlined in the Literature Review, child neglect remains an ambiguous concept in both theory and practice and child protection practitioners find it difficult to know how to respond effectively to the complexity of child neglect cases. Thirdly, child neglect is given less prominence in the child protection research discourse and negligible attention has been given to Australian child protection practice with cases of child neglect.

The study used a mixed methods approach to answer the research question. The study employed in-depth interviews and the Critical Incident Technique (Flanagan 1954) to explore the *emic* understanding of child neglect. Qualitative data were supplemented by quantitative data gathered using a postal questionnaire. Quantitative data were collected to inform and complement the qualitative findings, so as to improve the utility of and expand the breadth of, the study.

The study found that the way child neglect is operationalised in the Northern Territory is only marginally referenced to policy and procedural documents which guide practice; formal definitions of child neglect do not reflect the world of practice as encountered by child protection practitioners. Similar to workers elsewhere, child protection practitioners found cases of child neglect particularly challenging, and the work engendered feelings of hopelessness and ambivalence about the value of the work.
Further, the findings indicate practice in this area is constantly troubled by anxiety related to job related taint and practice occurring in a hostile professional service network; fear of being of being swamped by demand; concern lest child protection practitioners’ practice be judged as continuing the legacy of the Stolen Generations; and distress arising from the gulf between practitioner understandings of what personal values suggested an appropriate practice response should be and professional judgement dictated was possible.

Thus the highly charged political context of practice resulted in key threats to professional wellbeing. Firstly, the low status of child protection workers especially in their work with cases of child neglect threatened their sense of being a caring professional. Secondly, child neglect referrals threatened to overwhelm the child protection service. In addition the ideological position of cultural relativism was understood by participants as key to culturally sensitive practice, particularly with Indigenous people. The study found that practitioners developed their own practice wisdom to guide practice in cases of child neglect with Indigenous families. This was called by practitioners ‘the community standard’ and enabled them to process child neglect cases more efficiently, and, in their view, with cultural sensitivity. However, this occurred at the expense of individualised assessment of the care of children referred for cases of child neglect.
DECLARATION

I declare that this thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other institution. I confirm that to the best of my knowledge the thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

Signed: [Redacted] Date: 10th July 2013

Annette Clare Flaherty
ACKNOWLEDGEMENTS

Firstly, I would like to thank those child protection practitioners who, in the midst of sustained and negative media reporting, demonstrated collegiality to a fellow social worker by participating in this research.

Secondly, I would like to thank my supervisors: Associate Professor Rosemary Sheehan and Dr John Wilson. If studying at a distance brings challenges, so too must supervising at a distance. Both supervisors demonstrated flexibility and generosity in responding to my somewhat erratic and unpredictable writing output. I would like to thank them for their support, guidance and encouragement over the course of this thesis.

I would like to thank Catherine Geraghty for helping me with the physical layout of the questionnaire used in this research; Leigh Hillman and Kathy Hogarty for their friendship and a warm place to stay during my visits to Monash University; and Neil Diamond for explaining how to use an Excel spread sheet. I would like to thank those Indigenous colleagues who, over the course of this thesis provided feedback prior to presenting findings at various conferences.

Finally I would like to thank my partner John Wakeman whose insistence on living in the Northern Territory, and whose ongoing support, made this thesis possible.
Chapter One

Introduction to the study

Since 1984 when Wolock and Horowitz coined the phrase the ‘neglect of neglect’ to describe the current state of research and response to the phenomenon of child neglect, a series of writers have documented the ways in which child neglect has been overlooked both in the literature (Behl, Boyngham and May 2003) and in the practice of child protection (Stevenson 1998a; Nelson, Saunders and Landsman 1993; Sullivan 2000; Buckley 2003; Wilson and Horner 2005; Horwath 2005). Behl, Boyngham and May (2003) reviewed the literature on child maltreatment over the previous twenty two years and found published research papers on child neglect remained at a low nine per cent, and even here many of the papers did not focus exclusively on child neglect, but more generally on child abuse and neglect. This assessment is confirmed by Taylor, Daniel and Scott (2011).

Neglect has been found to have long term consequences for the child (Hildyard and Wolfe 2002), leading, for example, to poor impulse control and lower academic performance (Egeland, Sroufe and Erickson 1983), behavioural problems (Erickson, Egeland and Piafata 1989), poor language comprehension (Gown 1993); and, disorganised attachment (Carlson et al 1989). A review by Glaser (2000) showed that emotional neglect can have adverse effects on the development of a child’s brain, leading to delays in cognitive and social functioning and behaviours such as social
withdrawal, inattentiveness, hyper-vigilance, aggression and failure to effectively learn self-regulation of affect:

Broadly and theoretically, during early brain development, neglect leads to deprivation of input needed by the infant brain at times of experience-expectant maturation...Both early neglect and abuse therefore has the potential to affect subsequent brain functioning (Glaser 2000, p. 106)

These adverse effects have been demonstrated in studies of children in orphanages where emotional contact is insufficient and demonstrate that brain development both of caring behaviour and cognitive capacities is damaged in a lasting fashion (Perry 2002).

Defining neglect in both research and practice is difficult. Definitions are informed by differing community and cultural standards about what is considered adequate care. There is general agreement that neglect is involved with failing to attend to the basic needs of children and young people, but there is a lack of consensus about the degree to which social conditions, cultural beliefs, evidence of harm or parental intent should mediate the definition of neglect in practice. Although there now exists a large body of evidence about child development, and how health, emotional and physical development can be promoted, we struggle to formulate a clear definition to describe the point at which deficits in care can be described as child neglect (Daniel 2005). This has practical implications as research has shown that the ambiguity about definitions influences child protection practitioner understandings of neglect. Assessment of child neglect is influenced not only by characteristics of the child’s care situation, but also
influenced by individual, professional and organisational factors and can vary both between and within organisations (Horwath 2005).

In addition to definitional ambiguity, decision making may also be clouded by the complex and multi layered causal pathways. Neglect is typically understood to be the result of interactions between factors operating at the individual, familial and social-ecological level (Turney and Tanner 2005) resulting in a failure to respond adequately to a child’s needs. For example, Connell-Carrick and Scannapieco (2006) found infants and toddlers, where child neglect had been substantiated, were exposed to greater environmental dangers (such as unsafe housing) and had caregivers who had poor parenting skills (including inability to supervise adequately). Issues such as substance misuse and parental mental health (Stone 1998; Minty 2005), domestic or family violence (Cawson 2002; Radford and Hester 2006), unemployment and poverty (Thoburn et al. 2000), all increase the likelihood of child neglect occurring, particularly if families experience multiple issues. However, despite the strong links between poverty and child neglect (Sedlak and Broadhurst 1996), poverty does not inevitably lead to child neglect (McSherry 2004).

Practitioners find it difficult to know how to respond effectively to the complexity of child neglect cases (Daniel 2002; Stevenson 2007); often feeling powerless in response to the challenges such families present (Daniel 1999). Little is known about how child protection workers in Australia make sense of child neglect in their practice, although
this issue has been explored in a limited number of studies in the United Kingdom and Ireland (Buckley 2003; Daniel 2002; Horwath 2005).

A number of studies have highlighted the extent to which neglect features in child maltreatment referrals in the United Kingdom (Stevenson 1998a), in the United States (DePanfilis 2006), in Ireland (Horwath 2005) and in Canada (Trocmé 2004). In Australia in 2010-11, approximately 28 per cent of all substantiated child protection reports were for neglect (AIHW 2012).

In Australia Indigenous children and families are overrepresented among the socially and economically disadvantaged and in child protection data (AIHW 2012). These contemporary problems are linked to the history of colonisation and the past separation of Indigenous children from their families (Stanley, Tomison and Pocock 2003), leading Pocock (2003) to suggest that the boundary between the socio-economic disadvantage experienced by many Indigenous people and personal culpability for child neglect is neither understood nor defined.

In 2009-10, 40 per cent of all cases (n=6585) notified to the child protection agency in the Northern Territory, the site of this study, were for child neglect. Just over half of all notified cases were investigated, and of those investigated, approximately 50 per cent were substantiated. Of those cases substantiated, 50 per cent were child neglect cases. Overwhelmingly they involve Indigenous children and families: although 43 per cent of
all children aged 0-17 years in the Northern Territory are Indigenous, 77 per cent of all children notified to the child protection service, and 74 per cent of all children in care are Indigenous (Bamblett, Bath and Roseby 2010, p. 69). Indigenous children are substantiated for child protection concerns at a rate of 43.3 per 1,000 compared with 6.6 per 1,000 for non-Indigenous children, and over half of all these cases for Indigenous children are for child neglect (AIHW 2012).

Increasing numbers of children are referred to the child protection service for child neglect in the Northern Territory (Bamblett, Bath and Roseby 2010), with little known about how the practitioners think about and operationalise child neglect in practice. This study explores this issue by exploring how child protection practitioners in the Northern Territory operationalise child neglect.

1.1 Research question

Given that neglect is a contested construct, it is important to understand how it is that child protection workers do the work they do, and make sense of the situations they confront in their day to day work in order to assess child neglect. This study seeks to examine the ways in which child protection workers use their professional discretion to make sense of, or operationalise, child neglect.
The literature which explores child protection decision making and assessments and decisions about child neglect highlights that a number of factors influence assessments about child neglect; practitioners find child neglect a difficult practice area and struggle particularly when families come from minority backgrounds and/or are impoverished. Little Australian research has been conducted in this area, and none in the Northern Territory. This study therefore has as its key research question:

How do child protection practitioners in the Northern Territory operationalise child neglect?

In addition, a number of subsidiary questions are also asked. Firstly, how do child protection practitioners in the Northern Territory view their role in working with cases of child neglect? Secondly, what level of agreement is there among child protection practitioners in the Northern Territory about the sorts of situations that are assessed as being child neglect? Thirdly, what factors influence assessments of child neglect by child protection practitioners in the Northern Territory?

1.2 Significance of the study

The decisions of street-level bureaucrats, the routines they establish and the devices they invent to cope with uncertainties and work pressures effectively become the public policies they carry out (Lipsky 1980, p. xii).
Parton (1996) argues that much existing research fails to address what actually constitutes child protection work. Understanding what constitutes child protection work involves understanding ‘how agency staff identify, confront, and investigate their sense making skills, and how they resolve the conflicts inherent in their task’ (Buckley 2000, p. 13). There has been no research into the day to day work of child protection workers in the Northern Territory, and no Australian research could be found which explores how Australian child protection workers ‘operationalise’ child neglect in their practice or the factors that influence their sense making skills in this area. This study attempts to fill a gap in this knowledge by exploring with child protection workers the factors that influence the identification and assessment of child neglect in their practice, ‘making visible the elements of child protection work that do not necessarily fit into the “official” discourse, but that inevitably determine the careers’ of child neglect cases (Buckley 2000, p. 13).

This study seeks to illuminate the practical application of one aspect of child protection policy in the Northern Territory, that of the ways child protection workers operationalise child neglect. In exploring the way this policy is ‘produced’ or made real its primary interest is not in the official policy documents that describe or explain the concept of child neglect, or in the rules or procedures that aim to direct practice in working with cases of child neglect although these necessarily provide part of the ‘context of practice’ of child protection workers. Rather, this study’s interest lies in the
way that child protection workers in the Northern Territory use their discretion to make real the construct of child neglect, that is, operationalise, this contested construct.

The demography of the Northern Territory is unique: 30 per cent of the population is Indigenous compared with 2.5 per cent of the Australian population (ABS 2006) so that, child protection work has a clear focus on working with Indigenous people. How child protection workers manage these tensions in their work will address the dearth of knowledge about practice with Indigenous families from the perspective of the child protection worker as well as illuminating how child protection workers apply their sense making skills to distinguish cases of child neglect.

Child protection workers can be described as street level bureaucrats; those public service workers who interact directly with the public in the course of their work and who have discretion in the execution of their work (Lipsky 1980). Gillingham and Humphreys (2010) point out that whilst there may be an official version of what happens in child protection practice, this may not reflect what actually happens in practice. Garfinkel (1967) suggests that practitioners, individually and in interaction with each other, develop ‘unofficial’ rules and procedures to assist them manage their work. A focus on the informal, lower level routines that create policy at the point of delivery, gives greater transparency to polices that are otherwise opaque (Brodkin 2000). It is this ‘discretionary space’ that this research seeks to explore.
In order for a child to find their way into the child protection system as a child who has been neglected, firstly some member of the community has to identify that child’s situation as (possibly) neglectful, and then a child protection worker has to confirm that a parent or carer is failing to care appropriately for the child to a point where it can be assessed as child neglect. It has been stated that the concept of child neglect is one that is contested: in practice the concept of neglect is dependent on the position, and perception, of the practitioner located in an organisational context and a place. Child neglect in child protection practice is what child protection workers decide and classify as such in the discretionary space available to them.

1.3 Paying attention to child neglect

This research arises from my experience as a child protection practitioner and manager in Alice Springs, Darwin and in the remote Indigenous communities throughout the Central Desert region of the Northern Territory. This experience highlighted for me the difficulty workers had in making sense of, and knowing how to respond to, cases of child neglect especially, although not exclusively, when these involved Indigenous children, as they frequently did. Supervision sessions with caseworkers trying to grapple with complex issues in their work with Indigenous families resident in town camps or on remote communities highlighted how hard and how uncertain this was. Although my interest is in researching the operationalisation of child neglect in practice with all
families, I suspected, and this proved to be the case, that practitioner talk would be dominated by practice with Indigenous families.

Although checklists of indicators and formal definitions of child neglect exist, child neglect creates additional practice dilemmas that other forms of maltreatment did not. This has often led to a sort of ‘therapeutic nihilism’ (Scrimegour 1997) with workers feeling immobilised by the problems facing families, and ill equipped to respond (Scrimegour 1997).

My practice experience suggests that these difficulties result from:

- the history of the application of the concept of neglect to Indigenous family life (HREOC 1997);
- practice occurring within the context of a highly politicised relationship between the ‘welfare’ and local Indigenous people where every case seemed to resonate with the history of the Stolen Generations (previous policies of Indigenous child removal linked to a broader agenda of assimilation) and current political debates about the appropriate relationship between Indigenous people and the State;
- confusion about what is, and is not, traditional child rearing practice and to what extent members of another culture could pass judgement; and
- discomfort with assessing a situation as neglect when the families are poor and services minimal particularly in the very remote areas of the Northern Territory.
1.3.1 Uniqueness of the Northern Territory

The next chapter will describe the research and practice context in greater detail. However, it is important to understand at the outset the uniqueness of this context in Australian social work and child protection practice. Firstly, the population of the Northern Territory is younger than the rest of Australia. Secondly, children in the Northern Territory do less well on a range of health and wellbeing indicators than the nation’s children in general. In particular there is concentrated disadvantage experienced by Indigenous children in the Northern Territory. Thirdly, there is a highly politicised relationship between the child protection service and Indigenous people arising from past practices of interaction which resulted in child removal and Indigenous parenting being seen as synonymous with neglectful parenting. The ‘welfare’, the historical name for the agency responsible for child removal was a key agency of assimilation, and the socialisation via forced removal of Indigenous children a key intervention point for realisation of this policy goal. Whilst this is an issue for all child protection services across Australia, it is a pressing issue for child protection agencies in the Northern Territory where one third of the population is Indigenous; considerably higher than elsewhere in the country, where approximately 2.5 per cent of the population is Aboriginal or Torres Strait Islander. Finally, the history of European incursion occurred much later in the Northern Territory than in the more densely populated parts of Australia. For some Indigenous peoples in the Northern Territory ‘first contact’ with Europeans is within living memory.
1.3.2 Child neglect and contemporary debates

During the period of this research, the issue of the well-being of Indigenous children in the Northern Territory gripped the Australian media. Neglect amongst Indigenous children became a national media story, and contributed to the growing debate about how best to respond to Indigenous disadvantage, culminating in the Northern Territory Emergency Response implemented in 2007 (also known as the ‘Intervention’ and further discussed in the next chapter). The Commonwealth Minister for Indigenous Affairs in 2006 suggested that parents who neglect their children ought to have part of their social security payments quarantined: he suggested that identifying problematic families was straightforward in extreme situations but acknowledged that drawing the line might prove difficult in ‘borderline cases’ (Grattan 2006, p.15).

This concern about neglect and Indigenous children had been quietly growing for some time, and connected with contemporary debates in the Northern Territory about social policy concerned with Indigenous people. Such debates reveal continuity with previous debates about the degree to which Indigenous culture (s)\(^1\) is instrumental in the neglect of children, whether different standards should be acceptable for Indigenous people, and what the appropriate stance of government agencies should be toward Indigenous disadvantage.

\(^1\) This debate frequently portrays Indigenous people as mono-cultural. The existence of 200-300 distinct language groups at the time of colonisation points to cultural diversity within the Indigenous population.
Sutton (2001), an anthropologist of many years’ experience living and working in the Northern Territory and other remote regions of Australia, argued that the trend of Indigenous disadvantage was worsening, particularly in remote communities, and that, in part, this was a consequence of an exclusive focus on structural explanations of disadvantage, and a policy and service system which was unable to honestly evaluate the extent to which ‘culture’ contributed to this disadvantage. Sutton is primarily concerned with violence within Indigenous communities, however his proposition that current policy approaches make addressing this problem difficult applies to a wide range of social issues. Sutton (2001, p. 133) suggests:

(one of) the most difficult issues this country is now grappling with is the profound contradiction between liberal democratic support for cultural diversity, with its attendant alleged devolution of power to Indigenous communities, and a seeming difficulty in facing and dealing with the very reality of that diversity on the ground.

As a consequence agencies, such as child protection agencies, struggle on the ground with knowing whether to apply ‘mainstream standards’ to assess Indigenous behaviour and/or to define something as a ‘social problem’ or whether, in doing so they are revealing ‘assimilationist’ tendencies. This, according to Sutton (2001) is coupled with a dominant discourse which explains the cause of poor outcomes for children in this context, as being essentially, or solely, the product of colonisation, dispossession, poverty, stress and racism for which individual people cannot be held accountable.
Sutton (2001) asserts that the consequence is that ‘more neglect is tolerated for some Australian children than others, notably Aboriginal children in the more isolated settlements’ (p. 141). He further suggests that part of the reason for this is that the socialisation of children is an area that is frequently ‘off limits’ to non-Indigenous evaluation. It is suggested it is not possible, in this socio-political climate, to say that some culturally sanctioned child rearing practices might contribute to poor outcomes for children. His proposition is challenging: cultural relativism did appear to be a powerful belief system and there were potent reasons for this. On the other hand, were the practices leading to children being neglected defined as ‘Aboriginal culture’?

In a small scale study conducted in 2001, Kowal and Paradies (2005) explored the narratives of public health practitioners in the Northern Territory as they grappled with the causes of chronic disease (‘lifestyle illnesses’), and why these health issues were so prevalent in Indigenous communities. They found that practitioners clearly favoured structural explanations for Indigenous ill-health and experienced considerable discomfort with explanations that stressed agency, understood as the capacity of individuals to act independently and exercise choice: to stress agency was to run the risk of being seen as racist and victim blaming. In addition the contradictions between support for self-determination and the need to do something to address poor health outcomes left the practitioner in a bind: ‘compelled to act, but always in danger of inflicting further harm’ (Kowal and Paradies 2005, p. 1355) since the doing something might reveal assimilationist tendencies. Kowal and Paradies (2005) conclude that the
bind, or what they term the ‘post colonial predicament’, can be summed up for practitioners:

They must inhabit only the rhetorical space of public health that can be made to speak the language of self-determination. Their impossible task is to relieve the ill-health of Indigenous people without acting upon them; changing them without declaring that change is required (p. 1355).

Child protection services are premised on the fact that some parents or carers are either doing something they should not be doing, or failing to do something they should be doing. The causes are both distal and proximal. However, in working with individual families, the tool for change, the means by which individual children can be protected, is agency. Kowal and Paradies’s (2005) paper resonates with the world of practice dilemmas as I had come to experience them: how do we manage the tension of structural explanations of child abuse and neglect with the need, although, somehow, not the permission, to say that this family, particularly if it is an Indigenous family, needs to change? On what does this sense of needing permission rest?

I left the child protection service and the Northern Territory for seven months in 2003, and returned to inner urban Melbourne. During my absence another paper which generated interest was produced: this time it was a report released under the auspice of the Secretariat of National Aboriginal and Islander Child Care (SNAICC) by a non-Indigenous researcher who had no experience living or working in the Territory. The
report, by Julian Pocock, was titled State of Denial: the Neglect and Abuse of Indigenous children in the Northern Territory. This report’s focus is broadly child neglect in Central Australia. Pocock (2003) sought to find out why the rates of Indigenous child removal were lower in the Northern Territory compared with the rates of other Australian states when the risk factors for child abuse and neglect ‘are as prevalent and in most cases more prevalent within the Northern Territory than in other states and territories’ (p. 9). This report represented a major shift: here was a report under the imprimatur of an Aboriginal Community Controlled Organisation which took as its starting point (the ‘problem’) the fact that despite the over representation of Aboriginal children in the Northern Territory child protection system, this rate of over-representation was less than elsewhere in Australia. Typically, the problem for Indigenous peoples and the child protection system was that very over-representation, so this appeared to mark a significant shift.

Pocock (2003) defines child neglect as:

> Child neglect is defined as any serious omissions or commissions by a person having the care of a child which, within the bounds of cultural tradition, constitutes a failure to provide conditions that are essential for the health physical and emotional development of a child (p. 12).

This definition clearly identifies that whatever these ‘omissions or commissions’ might be, they are behaviours, or lack of behaviours on the part of a person rather than the State. Pocock (2003, p. 9) considered the causes of child neglect to be ‘endemic
intergenerational poverty, unemployment, homelessness and dispossession’. He proposed that evidence of widespread numbers of children who are not growing well, the high rates of chronic ear infection (otitis media), the poorer and overcrowded housing conditions and the lower incomes of Indigenous peoples was evidence of widespread child neglect. For Pocock (2003), the very presence of these risk factors was taken to be evidence in itself of child neglect. However, were they evidence of child neglect according to the definition used, or evidence of systemic neglect resulting from failure of the State? The difficulty in distinguishing child neglect (for the purposes of child protection intervention) and poverty was reflected in a comment from one of this study’s informants:

The interesting thing for me was where you define neglect in a situation of poverty and where on a continuum between living in poverty...where is the line where it becomes reportable (Pocock 2003, p. 47).

In late 2003 I returned to the Northern Territory to manage a multi-disciplinary Maternal and Child Health team which delivered services to remote communities in Central Australia. In my work I often had discussions with remote area nurses and medical practitioners who also struggled with deciding whether to notify to the child protection service care situations they believed should be classified as child neglect, but wondered whether it was appropriate to conceive of them in this way.
As a result of my experience I wanted to learn more about the ways child protection workers across the Northern Territory make sense of child neglect in their work. This was, I admit, partially to satisfy my curiosity: was my experience, working in a small office in Central Australia similar to or different from workers located in other offices across the Northern Territory? How did others resolve vague definitions with the imperative to make specific decisions? Whilst there was a growing body of inquiries and reports critiquing the child protection system in the Northern Territory, and some research which pointed out the influence of cultural relativism and the impact of working in a post-colonial space, none of this seemed to assist child protection workers know what to do, or do differently in the minutiae of their day to day work.

The research was also motivated by my concern that if others did share this confusion and, at times, distress, arising from decision making about child neglect, this research, by giving voice to these concerns might begin a discussion that ultimately assists. The need for this dialogue was reinforced for me during this study by two high profile Coronial Inquests which were conducted in the Northern Territory, and both involved cases of child neglect. News reports focussed on how it was that the workers could not see the ‘obvious’ or decide what the necessary response should be. Despite the lists of indicators freely available, despite definitions provided in textbooks, or by the Australian Institute of Health and Welfare, listening to the evidence in the Coronial Inquest illustrated that what is reflected in these documents is, to varying degrees, in the eye of
the beholder, and does not necessarily reveal how the child protection service will ‘make sense’ of definitions.

I sat in on one of the Inquests, and there, in the cool quiet courtroom, listening to the case being dissected by the Counsel representing the Coroner, it all seemed so clear. The testimony of the workers presented a messier world: competing priorities; resource shortages; fractured interagency relationships; decisions based on ‘the best we think we can do right now’; beliefs about culture and harm and, in their assessment, a volatile political situation. Even I, who knew that world, realised it was not being received well by the Coroner. Their testimony sounded self-serving, confused, contradictory and ill-informed. Some of it probably was. And yet, it sounded real.

1.4 Structure of the thesis

The first chapter sets out the rationale for the thesis, its significance and the researcher interest and motivation for conducting the study. It sets out the primary and subsidiary research questions.

Chapter Two provides a profile of the context of research and practice. This study is firmly located in a place, and that place is the Northern Territory (Australia). Chapter Two provides an overview of the geographic, demographic, historic and socio-political context of practice.
Chapter Three discusses approaches to defining child neglect and considers empirical research which identifies influences on child protection decision making. It also considers literature which explores what underpins these patterned responses to decision making in child protection. Finally it looks at two areas which have been underexplored in the literature around child protection decision making: the relative status of child protection professionals vis-à-vis that other professionals in the child and family service network, and the impact on decision making of the bureaucratic setting of child protection practice. A critique of methodological approaches taken by previous research is provided and the difficulty in applying the findings from previous research is noted. These include definitional issues and the de-contextualised nature of much previous research. What is clear is that research which attends to local definitions and place is required to understand the practice of child protection workers in the Northern Territory.

The study’s methods and epistemological underpinnings are presented in Chapter Four. This chapter acknowledges the study’s limitations and ethical considerations.

The study’s findings are presented in chapters Five and Six. This study poses one key question, about which three subsidiary questions are posed. The chapter findings are organised around these questions.
In Chapter Five a description of the study participants is provided. The chapter presents the findings which describe how child protection practitioners view their role in cases of child neglect, what they consider are the key features of child neglect, and how they understand these features in their work. The chapter then explores the level of agreement among child protection practitioners about cases of child neglect. Chapter Six explores the worker, case and contextual factors which influence child protection worker assessment of child neglect. Finally, this chapter outlines how child protection practitioners operationalise child neglect by identifying the schematic model they use to distinguish ‘real’ child neglect from the large pool of child neglect referrals that come their way.

Chapter Seven discusses the study’s findings in the context of previous research, and the context of place, that is, the Northern Territory. Chapter Eight, the concluding chapter discusses the implications of this research and makes recommendations for further research.

1.5 Limitations of the study

This is a small scale exploratory study which aims to gain an in depth understanding of the practice experience of child protection workers in their work with cases of child neglect in the Northern Territory. It does not claim to be representative of child protection workers elsewhere.
1.6 Ethical considerations

The study received ethics approval from three research ethics committees: the Central Australian Human Research Ethics Committee (Alice Springs); the Human Research Ethics Committee of the Northern Territory Department of Health and the Menzies School of Health Research (Darwin); and the Monash Human Research Ethics Committee (Melbourne).

1.7 Conclusion

This chapter highlights that child neglect is a significant issue which causes child protection practitioners difficulties in practice. It has outlined the researcher interest, based on practice experience with the difficulties child protection practitioners have in the Northern Territory in making sense of child neglect, particularly with Indigenous families. Whilst there is limited research internationally, there is none in the Northern Territory, which explores how child protection workers operationalise child neglect. Research elsewhere has identified significant differences between day to day practice and the formal blueprint of practice. Much of the work of child protection practitioners in the Northern Territory involves Indigenous families, yet little is known about how workers approach this work. Consequently, this research is important both for the local child protection and community services workforce, for Indigenous people and agencies involved with local child protection services, for policy development, education and
further research into child protection practice both in the Northern Territory, and for other Indigenous and child protection settings.
Chapter Two:

The Context of Practice and Research

Introduction

All social practices are spatialised, that is... social practices are produced in certain ways in certain places (McConaghy 2005, p.3)

Before any referred case of suspected child neglect is considered by a child protection worker, a series of decisions have already been made surrounding practice, whether explicitly or implicitly. These provide the filtering elements of a referral; the lens through which the individual case is apprehended, interpreted, or read. The filtering elements are typically called the context of decision making, and in describing them in this way (‘the context’), they are somehow relegated to the landscape in which decision making occurs, rather than being integral elements of the decisions about cases.

The closest word that encapsulates this sense of the place and the essential input this has into the outcome is the winemaking term *terroir*, which comes from the word *terre*, or land. *Terroir* is used to denote the special characteristics that the geography, geology and climate of a particular place has on a wine variety. Over and above or perhaps, before and in readiness for, the capabilities of any individual winemaker, is the
contribution the terroir makes to the wine. The assumption is that the ‘land’ imparts a unique quality, specific to that region. To the extent terroir is a useful organising concept, it is so because it reminds us that context is not background; it does not stand to one side of the decisions that are made in child protection services. Context informs what is available to be read in a case by providing the lens through which the case is perceived. In photography, filters are used intentionally to modify the image that is to be recorded, either subtly or dramatically by, for example, affecting colour brightness, or colour balance, of softening and making diffuse sharp edges. These decisions are not easily available to the person viewing the photograph, unless they themselves have the requisite skill to discern them.

Bodor (2004, p.49) state ‘rural social work is about context’. Wakerman and Humphreys (2002, p.457) note that, while the defining feature of rural health remains its geography, rural and remote Australia is also ‘sociologically, culturally, economically and spiritually different from metropolitan areas, as well as internally diverse’. These important differences provide the filtering elements through which referred cases of child abuse and neglect are viewed, and this chapter is concerned with reviewing these various contexts of practice.

It is not possible to review the context of child protection practice in the Northern Territory (NT) without understanding the history of European colonisation and its impact on Indigenous people of the NT. Fraiberg, Adelson and Shapiro (1975) used the
metaphor ‘ghosts in the nursery’ to refer to the way a mother’s reaction to her child is mediated by unresolved issues with her own mother, the past influencing the present. The history of the relationship between Indigenous people and the State remains an unresolved issue and is especially potent in the area of child protection practice. European efforts to control Indigenous people centred on the forced removal of children, now known as the ‘Stolen Generations’, and this history is not unremembered but current. Indigenous explanations of child abuse and neglect understand this history as being a causal factor in the current vulnerability of Indigenous children across a range of health and social indicators, and their overrepresentation in the child protection system.

This chapter will present information relating to the context of child protection practice; those important filtering elements that surround child protection decision making. The chapter will firstly locate the Northern Territory and its people, geographically and demographically. Secondly, it will provide an overview of the historical context of practice. It will provide this overview by initially considering the impact of European colonisation, particularly in relation to Commonwealth laws which governed the lives of Indigenous people up until the time the NT gained self-government. Following this, the chapter will review specific child protection legislation enacted by the Northern Territory Parliament following self-government.
Thirdly, the chapter will discuss contemporary issues and debates relating to child protection in the Northern Territory. Fourthly, the chapter will review the current legislative, procedural and organisational context of practice. The fifth section of this chapter will consider the health and wellbeing of children and young people in the Northern Territory. The final section will review recent child protection data.  

2.1 Locating the Northern Territory and its people

Australia is an island continent of approximately 7,682,300 square kilometres. It comprises six States and two Territories, with one State an island of its own (Tasmania). In addition there are a number of small island Territories in the Indian and Pacific Oceans. The population of Australia in 2010 was approximately 22 million people concentrated along the coastal region of Australia from Adelaide to Cairns, with a small concentration around Perth, Western Australia. The centre of Australia, which includes the Northern Territory, is sparsely populated having a population density of 0.15 persons per square kilometre against 2.6 persons for the nation as a whole (ABS 2012).

Most of the Northern Territory is described as remote or very remote as illustrated in Figure 2.1. Remoteness can be interpreted as ‘access to a range of services, some of

---

2 ‘Indigenous people’ refers to people of Aboriginal or Torres Strait Islander heritage. This is a culturally diverse group of people as evidenced by between 200-300 language groups existing at the time of colonisation. In this document both Indigenous and Aboriginal are used to refer to the original inhabitants of the Northern Territory. Aboriginal is used primarily when this is the term used in documents or texts under discussion, and where to do otherwise may cause confusion. At other times, particularly when talking about contemporary issues, the term Indigenous is used.
which are available in smaller and others in larger centres: the remoteness of a location can thus be measured in terms of how far one has to travel to centres of various sizes’ (AIHW 2004, p.2). Remoteness is an important concept in Australian policy development, service delivery and planning given the increasing concern about differences in life expectancy, health, education, income and a range of other factors between those living in and those living outside major metropolitan centres (AIHW 2004).

Figure 2.1: Map of Australia illustrating the 2006 remoteness structure (ABS 2006 b)

The Northern Territory is the least populated State or Territory in Australia. As at December 2009, the population was approximately 227,900 people. There are five
major towns in the Northern Territory with the capital, Darwin, being the most populated. Just over half of the population live in Darwin and surrounding suburbs while approximately 13 per cent live in and around Alice Springs. The remaining 32 per cent of the population live in the other three small towns (Nhulunbuy, Katherine and Tennant Creek) or very remote communities (ABS 2011). The latter consist predominantly of small Indigenous communities widely geographically dispersed across the 1,352,200 square kilometres of the Northern Territory. Within the Northern Territory there are 68 remote Indigenous communities, each populated by over 100 people. In addition there are a number of smaller outstations or homelands.

Figure 2.2: Map of the Northern Territory

The Northern Territory has a much larger proportion of residents who are Indigenous than any other state or territory within Australia. Figure 2.3 compares the proportion of
the population which is Indigenous for each State and Territory and for Australia as a whole.

![Figure 2.3: Proportion of population of States, Territories and Australia who are Indigenous (ABS 2006)](image)

In addition to having the highest proportion of Indigenous residents, the NT has the youngest population with a median age of 31.2 years (ABS 2011), with the Indigenous population younger than the non-Indigenous population as illustrated in the population pyramid below. The Northern Territory has the highest proportion of the population aged 0-12 years in Australia, with 20 per cent of the population, compared with 16 per cent across Australia, aged less than 12 years (AIHW 2011). In the Northern Territory, 44 per cent of this population group is Indigenous (AIHW 2011).
2.2 The historical context of child protection practice in the NT

The current research study examines the ways in which child protection workers in the Northern Territory operationalise child neglect in practice. The context of their work includes the historical context and, in particular, the relationship between the child protection service (or, as it is commonly known, ‘the welfare’) and Indigenous people; the previous section highlighted that the proportion of Indigenous people resident in the Northern Territory is considerably higher than elsewhere in the nation.

Indigenous perspectives on child abuse and neglect emphasise the historical relationship between Indigenous people and the dominant culture which has resulted in ongoing and multi-layered trauma (Atkinson 1994; Robertson 2000). This results from
the effects of colonisation, marginalisation and dispossession and of previous policies of assimilation (Cunneen and Libesman 2000); the loss of parenting skills and abilities as a result of the previous removal and institutionalisation of Indigenous children from family and community (HREOC 1997); and the breakdown of traditional Indigenous society, deprivation of culture and loss of identity resulting from this experience (Stanley, Tomison and Pocock 2003).

Indigenous explanations of child abuse and neglect draw a clear relationship between previous welfare practices and the current health, wellbeing and child protection indicators for contemporary Indigenous children. Indigenous children and their families constitute the major client population of the child protection service (AIHW 2011). For this reason it is necessary to understand the historical context of child protection and child neglect, and the relationship between the State and Indigenous families.

It is not intended to provide a detailed history of European colonisation and its impact on Indigenous people, nor a comprehensive analysis or assessment of the legislative controls that governed Indigenous peoples lives from first contact. However, it is intended to highlight the politicised nature of the relationship between the ‘Welfare’ and Indigenous peoples in the Northern Territory since it is under the aegis of the Welfare Branch, particularly from the 1950s, that the Commonwealth government policy of assimilation was conducted: the current child protection service is the modern day equivalent of the Welfare Branch and still identified as such by many Indigenous
families. In 1997, the Commonwealth government finalised an Inquiry into the National Separation of Aboriginal and Torres Strait Islander Children from their Families, and released the Inquiry report, referred to as the Bringing Them Home Report (HREOC 1997). This Report highlighted that historically, in the Northern Territory and elsewhere, Aboriginal parenting was seen as synonymous with neglectful parenting.

In reviewing the history of European colonisation and associated legislative responses to regulate the lives of Indigenous people in the Northern Territory, the information is traditionally organised into four periods (HREOC 1997) ending at the time of self-government in the Northern Territory. This section will include a fifth period which considers child protection legislation enacted by the Northern Territory government in 1983.

The first period dates from the initial attempts at European settlement in 1863. European settlement in the Northern Territory occurred considerably later than European settlement in the Eastern states which commenced in 1788. The first period concludes around 1928 when J.W. Bleakley, who had been commissioned by the Commonwealth government to inquire into the situation for Aboriginal people in the Northern Territory, completed his report (the Bleakley Report). This Report was a significant influence on Commonwealth government policy toward Aboriginal people. The Northern Territory was initially the responsibility of the State of South Australia. However the Commonwealth government assumed responsibility in 1910 and
maintained this responsibility until the Northern Territory attained self-government in 1978. The second period dates from the *Bleakley Report* through to the early 1950s, when Commonwealth government policies of assimilation held sway. This third period continues over approximately 20 years to 1972, when the Commonwealth government assumed a new policy position of Indigenous community self-government (Armitage 1995; McGregor 1997). This fourth period continues until 1978 when the Northern Territory achieved self-government. The fifth period continues from self-government until the enactment of the current child protection legislation in 2007.

Although these first four periods are generally accepted to indicate policy shifts in the treatment of Indigenous peoples in the Northern Territory, some commentators have suggested that, from about the end of the *Bleakley Report* onward, the push for assimilation, especially for Indigenous children of ‘mixed blood’, has been continuous (van Krieken 2005). In practice, and despite changes in the underlying rationale, for these children the primary strategy was child removal (van Krieken 2005).

2.2.1 First period 1863-1928

In 1863, the area now known as the Northern Territory was a part of South Australia, and by 1885 most of the land was divided into pastoral leases (Donovan 1981). These pastoral leases (cattle stations) covered thousands of square kilometres; much of it marginal land. Labour to work on these cattle stations, particularly in the north of the
Territory, was initially imported from Asia as the prevailing view was that Aboriginal people were not suitable for employment (Donovan 1981). Further, there was a strong belief that Aboriginal people would soon become extinct. As a result they were largely ignored by government unless they interfered with the running of cattle stations - here the response was harsh. Frontier conflict between the pastoralists and Aboriginal people was not unknown, and a number of massacres of Aboriginal people have been recorded (Davis and Prescott 1992).

The growing pastoral industry obstructed Aboriginal people’s access to hunting on traditional lands, and forced them to compete with cattle for water. As a result of this growing marginalisation, missions had begun to be established across the Territory by a number of churches. The first mission was established in 1877 at Hermannsburg (called Ntaria by the local Indigenous people) in Central Australia by the Lutheran church. Some Indigenous people moved onto pastoral stations and worked for pastoralists, although wages were of barely subsistence level (Davis and Prescott 1992).

By 1910, cattle stations provided the major source of employment for Indigenous workers, either as stock workers or domestic servants. At the same time, more Church missions and, later, government settlements were established away from the towns. Towns were simultaneously seen as posing a threat to Indigenous people, and being threatened by the presence of Indigenous people (Haebich 2000).
During the first decade of the twentieth century officials in the Northern Territory repeatedly pressed for legislation to regulate the relations of Aboriginal people and Europeans. Although there were a number of strands to this call, a pressing issue for officials was the ‘number of half caste children’ which referred to children of mixed European/Asian and Aboriginal parentage (McGregor 1997, p.65). In 1910, just prior to ceding the Northern Territory to the Commonwealth, the South Australian government passed the *Northern Territory Aboriginals Act 1910*, which concerned the regulation of employment, the declaration of reserves and the restriction of sexual relations between races (McGregor 1997). The passing of this Act marked the official shift from ‘pacification and control’ to protection through authoritarian control (Haebich 2000, p.190).

Primarily this Act had an impact on the lives of Aboriginal people of mixed parentage (or, as they were called at the time, ‘half-castes’). At this time the ‘half caste’ population in Darwin was estimated to be around 200, with the European population around 300, overwhelmingly male (Austin 1993). Aboriginal people who were not of mixed parentage (known at the time as ‘full bloods’) were left largely to the control of pastoralists and missions, or ‘to their own devices on inviolable reserves until the 1950s’ (Haebich 2000, p.191).

The 1910 Act also provided for the custody, maintenance and education of the children of Aboriginals. Implementation of the Act required the appointment of a Chief
Protector, a position to which Baldwin Spencer was appointed in 1912. The Chief Protector was the legal guardian of Aboriginal people. Spencer was a strong advocate for the need to ‘civilise’ Aboriginal people and, in his view, education of the young was the means to do this. Spencer believed it was:

...absolutely essential that all efforts should be directed towards the training of the younger generation. The children must be withdrawn from the native camps at an early age. This will undoubtedly be a difficult matter to accomplish and will involve some amount of hardship, so far as the parents are concerned; but if once the children are allowed to reach a certain age and have become accustomed to camp life, with its degrading environment and endless roaming about in the bush, it will be almost useless to try and reclaim them (Spencer quoted in McGregor 1997, p.85).

Primarily the focus of these efforts was half caste children, with ‘protection’ or the establishment of reserves away from European settlements for the rest of the Indigenous population. The social advancement of ‘half caste’ children was primarily to be achieved by forced child removal and institutional care with a number of ‘half caste’ homes established for this purpose (Austin 1993). Over time, it was hoped that ‘half caste’ women would marry white men so that all traces of Aboriginal descent would be bred out in a few generations (McGregor 1997).
In 1918 the *Aborigines Ordinance Act* extended the authority of the Chief Protector over Aboriginal people, particularly women who could not be released from guardianship until they had received permission to marry a non-Aboriginal man. Aboriginal men could be released from guardianship when they turned eighteen. Aboriginal people had no right of guardianship over their children under this Act (HREOC 1997).

### 2.2.2 Second period (1928-1950)

In 1928 J.W. Bleakley completed an investigation into the Northern Territory administration for the Australian (Commonwealth) government, and Commonwealth policy toward Aboriginal people was greatly influenced by his recommendations (Armitage 1995). Significant among his recommendations was the policy of removing ‘half caste’ children under 16 years from their families and training them in institutions to enable them to take their place in the community (Armitage 1995; McGregor 1997). At this time Bleakley estimated that the Aboriginal ‘half caste’ population of the Territory was about 800, at a time when the non-Indigenous population was around 4,500 (McGregor 1997).

At this time the Chief Protector of Aboriginal people was Dr. Cecil Cook who, like many others of this time, remained preoccupied with the ‘half caste problem’, fearing that their numbers would swell to swamp the European population (Markus 1990). His solution, influenced by eugenics thinking of the time, was to absorb Aboriginal people of
mixed descent through continued removal of children from their families and subsequent marriage into the ‘half caste’ or European community thus, over time, ‘breeding out of colour’ (McGregor 2002, p.286). ‘Quadroon’ and ‘Octoroon’ (referring to increasingly smaller amounts of Aboriginal heritage) children were treated differently, because their chances of marrying into the European community were considered greater. In the northern part of the Northern Territory at least, they were sent to a Roman Catholic convent and boarding school in Darwin for education, rather than the ‘half caste’ homes which trained children for domestic duties (HREOC 1997).

Children living on church or government missions were typically separated from their parents, housed in dormitories and attended mission schools (HREOC 1997; Markus 1990). The care at these missions was frequently criticised: they were poorly staffed and conditions were harsh even by the standards of the day (Austin 1990).

In 1937 the Honourable John McEwen was appointed Commonwealth Minister of the Interior, which included responsibility for the Northern Territory, and in 1939 he announced his ‘new deal’. In this he was influenced by anthropology and the principal Australian anthropologist of the time, A.P. Elkin. The ‘new deal’ was based on greater government control over people of mixed descent (‘half-castes’) except for those who were versed in European ways and could apply for an exemption (McGregor 1997). This ‘new deal’ replaced biological absorption with economic and social assimilation, although the strategy to achieve this continued to be removal of half-caste children to
government institutions, now for education to the ‘white standard’, and the separate institutionalisation of ‘quadroon’ and ‘octoroon’ children either in the Territory or interstate (Austin 1993). The ‘full blood’ family was still perceived to be a threat to children’s wellbeing if the children were of mixed parentage.

Following the Japanese bombing of Darwin in 1942 during World War Two (1939-45,) institutionalised Aboriginal children in Darwin were evacuated, primarily interstate where they remained for several years (Austin 1993). The removal of children from families largely ceased during the war years, but recommenced after the war (HREOC 1997). Cummings (1990) states that, by the beginning of the 1950s, 360 ‘half caste’ children were ‘in care’ in the Northern Territory, which Armitage (1995) suggests was most, if not all, the children of mixed descent in the NT.

2.2.3 Third period (1950-1972)

In 1951, the Honourable Paul Hasluck was appointed as Commonwealth Minister for the Northern Territory. This appointment marked the beginning of an explicit policy of assimilation for both ‘mixed blood’ and ‘full blood’ Indigenous people. Underpinning this policy was an understanding that assimilation would be most easily achieved for ‘mixed blood’ peoples, especially where such people had received tutelage in Western modes of living from an early age (Haebich 2000).
The *Welfare Ordinance 1953* repealed the *1918 Aboriginals Ordinance Act*; it was intended to be the vehicle of assimilation and subjected all Aboriginal people to the same welfare legislation as non-Aboriginal people. It did not refer to ‘race’, instead referring to ‘wards’. ‘Wards’ were defined as people who could not manage their own affairs as evidenced by their manner of living, standard of social habits and behaviour or personal associations (HREOC 1997). It was clear, however, that this legislation was only intended to apply to Aboriginal people, because people with voting rights could not be made wards and only European people had voting rights (HREOC 1997).

During this period the removal of children continued, and submissions to the *Bringing Them Home Report* (the Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families) indicates that ‘neglect’ was the most frequently cited reason for children being removed (HREOC 1997, p 172). Considerable pressure was placed on parents (predominantly mothers) of ‘mixed blood’ to consent to their children’s removal. Repeated visits over years to ‘educate’ parents often occurred until consent was obtained (Moy 1951). According to van Krieken (2005) the presumption of government policy was that eventually all children would be handed over, after which a finding of neglect would occur to formally justify the removal.

The *Bringing Them Home Report* (HREOC 1997) revealed that, despite the stated intention of child removal being to improve the lives of the children removed, many children lacked the safety, stability, care and opportunities for advancement promised.
Moreover, the Inquiry found that many children experienced severe treatment including physical and sexual abuse; denigration of their culture and kin by their new carers; racism; a profound loss of identity; a legacy of loss and grief; and an acute inability to form personal relationships.

The welfare of non-Aboriginal children in the Northern Territory was only legislated for in 1958 under the *Welfare Ordinance 1958* which only permitted their removal from family after a Children’s Court finding of neglect or destitution (HREOC 1997).

In 1964 the *Social Welfare Ordinance* came into effect, repealing the *Welfare Ordinance 1953*, and considerably reducing the formal power that the Welfare Branch had to regulate the movement of people. The repeal of the 1953 *Ordinance* meant, officially, that removal of Aboriginal children was subject to the same legislation as non-Aboriginal children. The mainstreaming of child welfare legislation during the sixties brought Aboriginal children under the scope of a more regulated system of child welfare. However, conditions of life for Aboriginal children made them more vulnerable to removal from their families for neglect or destitution than non-Aboriginal children. This was particularly the case for families living on the fringes of the towns, lacking employment, housing or the support of extended family members, but highly visible to Welfare Officers and to members of the non-Aboriginal community who increasingly voiced concerns about both the living conditions and the numbers of Aboriginal people living on the fringes of towns (Haebich 2000). Lacking the authority to regulate the
movement of Aboriginal people, front line bureaucrats (called patrol officers) turned to the child welfare provisions of the *Social Welfare Ordinance 1964* to address community concerns about unsightly camps. In a field report to the Director of Welfare, Patrol Officer Lovegrove acknowledged that although movement of a family was achieved using the threat of child removal:

> there was not much improvement in their living conditions and none in their educational opportunities, there was at least a guarantee that they would be regularly fed and out of the public gaze (Lovegrove 1966).

The report later acknowledges that this type of action will only go part of the way to solving the problems of ‘unsightly camps in the Alice Springs area’.

One of the strategies to achieve assimilation was the establishment of settlements to provide instruction in European ways of living (training for citizenship) as a precursor to moving into houses in the community. Eventually, it was asserted, a new generation of house dwelling Aboriginal people would arise, moving away from the mission or settlement to live alongside non-Aboriginal people (Rowse 1998). For example, Amoonguna, about twenty kilometres from Alice Springs, was established in 1960 by the Welfare Branch to achieve this goal, and wards were moved to settlements such as this to be trained to live in the manner of Europeans. A hallmark of assimilation was ‘occupation of a standard home’ (Rowse 1998, p. 184), ‘its location, layout, contents, daily tasks and maintenance tasks were all lessons in assimilation’ (Haebich 2000):
The modern nuclear family was both a vehicle and goal of the assimilation project. Instead of imposing change by taking Aboriginal children out of the family to institutions, Aboriginal populations would now be subjected to modern forms of governance through the family, in ways reminiscent of the ‘a package’ for white families at the turn of the century, to reform them into nuclear units and their children into efficient citizens (p. 458).

Between 1954 and 1972 the Welfare Branch in the Northern Territory oversaw a process of removal of Aboriginal people from their homelands to enforced residence in missions and settlements as part of the transition to assimilation and, in the towns, the selection of ‘part Aboriginal families’ for training to live in town housing.

Distinction was made between the rate of progress that could be expected between ‘colonial’ and ‘settled’ Australia: in the former, Aboriginal people were considered to have retained a strong traditional identity and cultural roots whilst the latter included ‘fringe dwellers’ who lived in urban centres, and who had, it was believed, ‘lost their culture’ (Haebich 2000, p.459). It was expected that assimilation would be most easily achieved for this latter group.

2.2.4 Fourth period (1972-1978)

In 1972 the then (newly elected) Prime Minister of Australia, Gough Whitlam, announced that the previous policy of assimilation was being replaced by a new
Commonwealth policy of self-determination for Indigenous people. The policy of subsidising missions (to care for Indigenous children) was now regarded as out-dated and inappropriate (HREOC 1997). The Whitlam government established a separate Commonwealth Department of Aboriginal Affairs responsible for improving the health and wellbeing of Indigenous people and appointed the Woodward Commission to investigate Aboriginal land rights. The Commission’s recommendations led to the *Aboriginal Land Rights (NT) Act 1976*, which transferred large regions of Commonwealth land in the Northern Territory to traditional (Aboriginal) owners, and established Land Councils to administer the land on their behalf.

By 1973 there were at least 400 Aboriginal or ‘part Aboriginal’ children in foster care in the Northern Territory although, as the *National Times* newspaper reported the following year, many of these children were not placed in care under any legal orders, and were ‘administratively lost’ (National Times 1974b, p. 1).

Concern was increasing about growing numbers of Aboriginal children coming into care for neglect, minimal support services to Aboriginal families (particularly in remote communities) and critical child protection staff shortages that prevented adequate monitoring of placements. These concerns coalesced around the case of “Nola Brown”. This young girl (aged 7) had been brought into care as an infant and lived with a foster family in Darwin despite the absence of any legal orders supporting this placement and her parents’ continual requests that she be returned to their care. When she was finally
returned to her family at Maningrida, an Indigenous island community off the coast of Darwin, against the wishes of her foster carers, the resultant controversy was discussed in Federal Parliament and the NT Governing Council, reported in the national media and triggered a strike among NT social workers.

The *National Times* characterised the situation surrounding Nola’s case and the social work strike as an:

...ideological dispute now being fought in the Northern Territory between officials in the Department of Aboriginal Affairs, who believe Aborigines are best served by efforts to turn them into acceptable members of white society, and social workers who believe the Aborigines should be left alone. Most of the fostered children, it is believed have some white blood. The critics of the Department of Aboriginal Affairs say this is why the children are put into foster homes - because their black mothers are not considered fit to bring them up (National Times 1974a, p.1).

Newspaper accounts of the time raised questions such as: did the shift from a suburban (white) setting to living on a remote Aboriginal community constitute neglect? Could the girl’s parents claim that she was not neglected, even though the standard of living was poor, because she was living in the manner to which her family was accustomed? Was she moving from a ‘normal’ life with the foster carers to a substandard life with her
family or returning to ‘normal’ conditions for an Aboriginal girl from abnormally high standards (with the foster carers)? Many of these issues are still being debated today.

Although much of the parliamentary debate at the time related to the manner in which Nola had been returned to her parents which was, according to some, precipitous and involving deception, there were other, deeper issues raised by this case and a growing acknowledgement that previous approaches to governing the lives of Indigenous people had not resulted in improved outcomes for Indigenous children. In a speech at the time of the ‘Nola’ controversy, the Minister representing the Minister for Aboriginal Affairs, Senator Cavenagh, suggested not only that high rates of Aboriginal children in foster care was the result of inadequate service provision rather than neglectful parental care, but that this policy had caused harm to both children and their families (Commonwealth of Australia, Senate 1973, p. 814). Such statements indicated a subtle shift in the Commonwealth approach toward Indigenous families; the official focus, according to Senator Cavenagh, was now to be enhancing service provision to Indigenous families and righting the wrongs of history.

2.2.4 Fifth period (1978-2006)

The Northern Territory achieved self-government, but not full legislative independence, in July 1978. The Northern Territory still differs from the states in that whilst it can make laws, it does so via a delegation of powers by the Commonwealth Government
rather than by any Constitutional right. The Commonwealth Government can advise the Governor-General of Australia to overturn any legislation passed by the Northern Territory Government.

In 1979, an International Year of the Child, a Board of Inquiry into the welfare needs of the Northern Territory reported to the NT Parliament (Martin, Maine and Djerrkura 1979). The Report recommended the repeal of the Social Welfare Ordinance and the introduction of a number of new pieces of legislation including child protection legislation.

Despite criticism about the delay, the Community Welfare Act (NT) 1983 was passed by the Legislative Council that year. The fundamental intention of the Act, according to the Minister for Community Development was to support the institution of the family and to restrict the circumstances in which the State might ‘interfere in the care of children by their families’ (Northern Territory, Legislative Assembly 1983, p. 1026). This Act was the first legislation in Australia to incorporate the Aboriginal Child Placement Principle, including a presumption in favour of placement of Aboriginal children within Aboriginal family groups, and explicitly states these measures were implemented because of past policies in relation to Aboriginal children.
Although the special provisions were generally well received by members of the Northern Territory Parliament, there were some concerns raised in relation to the possibility of ‘culture clash’:

Honourable members will be well aware of my concern for young Aboriginal women who may wish to buck the traditional system and not enter into tribal marriages with persons to whom they have been promised without their consent, and so may attract the odium of the group and wish to escape. In those circumstances it would be quite unreasonable for the minister to decide - if a young girl is seeking protection - that she should be placed back in that community where she could come to harm (Northern Territory, Legislative Assembly 1983, p. 1218).

Child protection issues received scant attention in the Northern Territory Parliament for the decade following the passing of the *Community Welfare Act (NT) 1983*, excepting when local members became aware of staffing shortages in offices located in their electorates.

In 1991, in response to the lack of any Departmental policy in relation to child protection practice in remote areas or with Indigenous people, a Report on the role of child protection workers was prepared by the Manager of the Alice Springs Welfare Office at the request of the then Acting Program Director of the Child Protection Program (Kerr 1991). ‘Remote’ work in this context means work that occurs in small Indigenous communities. The lack of policy was highlighted as causing the ‘confusion
and role conflict experienced by Welfare staff working in remote areas and adds to the confusion experienced by non-welfare staff in coming to grips with Welfare roles’ (Kerr 1991, p.4). This report highlighted that child protection reports about Indigenous children living in remote communities were overwhelmingly in relation to neglect, primarily relating to malnutrition. It suggested that a statutory response for these cases was not appropriate, although noted that to adopt this recommendation might conflict with the current child protection legislation, the Community Welfare Act (NT) 1983. It appears that there was no official response to this paper although, informally, the practice of responding to malnutrition referrals as family support rather than child protection cases was adopted.

In 1995 the then NT Minister responsible for Child Protection (Honourable Denis Burke) presented an internal discussion paper on Aboriginal Child Protection issues. This paper was unique in that it attempted to describe what was, and was not, a child protection issue in relation to Aboriginal children. It drew on the work of Korbin (1985) in detailing three levels which must be distinguished in cross cultural child protection work, and on the work of American sociologist C. Wright Mills (1959) to make the distinction between personal troubles and public issues. The paper explicitly dealt with the issue of ‘Failure to Thrive’ or malnutrition which remained the key reason for notification involving Aboriginal children and, importantly, stated that this was not the business of child protection service:
The approach here requires something other than a coercive child protection intervention.....Statutory welfare responses are essentially responses to ‘personal troubles’. Yet Aboriginal malnutrition is not, at the base, a ‘personal trouble’ but rather a ‘public issue’ brought about by the massive dislocation of the traditional Aboriginal lifestyle.....

The present day Aboriginal family is in a state of transition and consequent disruption. Poverty, poor health and environmental conditions, the breakdown of traditional support systems, rapid social change and conflicting models available for child rearing all contribute to put children at risk...Malnutrition and other health issues which put Aboriginal children at risk are best tackled on a population basis (Burke 1995, p.7)

The Community Welfare Act (NT) did not define child neglect and, until 1999, there was no Policy or Procedure manual to guide practice. Rather than define child neglect, except as broadly involving failing to provide the necessities of life, the manual listed indicators which might suggest neglect. The list of indicators is wide ranging and, depending on the context, may be related to poverty and beyond parental control (e.g. ‘inadequate shelter’), while others appear more clearly within the control of parents (inadequate food).

The manual noted that neglect can be characterised as a continuum of omissions in parental caretaking and thus is more difficult to describe or detect than are the various
acts of commission which categorise child abuse. The manual noted the importance of ‘societal standards’ in determining child neglect, although provided no guidance on how the concept ‘community’ should be defined, nor how these community standards should influence assessment in any individual case:

Definitions of neglectful behaviour are dependent upon societal standards of acceptable parenting. Thus definitions of what constitutes ideal parental behaviour, the threshold for inappropriate parental behaviour, and what are adequate standards of care vary across communities. (FACS 2000, p.10.7)

2.2.5 Summary

It is not possible to consider Aboriginal child welfare issues separately from broader narratives of Aboriginal dispossession and disadvantage stemming from European colonisation (Bamblett, Bath and Roseby 2010, p. 100).

This necessarily brief review of legislation and policies affecting Indigenous people since European settlement has highlighted the way in which controlling the Aboriginal family, and removing Aboriginal children of mixed parentage, was a key mode of regulation. Jacobs (2009, p.xxi) suggests the intimate spaces of the family ‘became small theatres of colonialism where colonial scripts were produced and played out’.

Initially Aboriginal people were not perceived as a particular ‘problem’ to be managed since they were viewed as primitive and unlikely to survive. With growing numbers of children of mixed parentage born, the imperative to sort Indigenous people into
categories according to the perceived degree of ‘Aboriginality’ increased. The categorisation by European settlers of Aboriginal people into degrees of Aboriginality complicated what it meant to be Aboriginal: full blood people were perceived to be more Aboriginal than half caste, and thus less civilised, or amenable to civilising.

These categories of Aboriginality based on ‘blood’, were associated with the perceived ability to transition into a modern way of living. ‘Half caste’ children required rescue since, with their European heritage, they were salvageable and considered able to live like Europeans. Moreover, Aboriginal people living in the more urban areas were considered to have ‘lost’ their culture (Haebich 2000, p.459) and so be more receptive to learning new ways. Finally, half caste children, having European heritage, could not be left to live in the harsh situations that many, if not most, Aboriginal people lived in or to receive Aboriginal parenting which was perceived as neglectful. Despite the stated goal of improving the standard of life for these children, conditions for them were harsh and many were not welcomed into the broader community.

Although there was acknowledgement (certainly by the time of the Community Welfare Act (NT) 1983), that previous interventions in Aboriginal family life had had a negative outcome for both children and families, the categorisation of Aboriginal people, now ‘traditional’, ‘remote’ and ‘town’ rather than based on blood categories, continued. The role of child protection in providing a safety net for impoverished Aboriginal children began to be questioned, although no clear guidance for child protection workers was
forthcoming. The overwhelming reason for notification remained neglect (because of malnutrition), and whilst this was understood as a public health issue, the lack of a viable service alternative ensured it remained the bread and butter work of child protection workers. From the point of view of Aboriginal people, and despite the legislative changes, Aboriginal parenting was still frequently seen as neglectful parenting.

The legacy of this history has resulted in profound distrust and suspicion about child protection services, still commonly called ‘the Welfare’, amongst Indigenous people in the Northern Territory (HREOC 1997). Although churches and a number of government agencies were implicated in the forced removal of children, it is the child protection service which is understood as the primary inheritor of this history, colouring every interaction between its workers and Aboriginal people to the present day (Bamblett, Bath and Roseby 2010).

2.3 Contemporary issues and inquiries

The issue of the ‘neglect’ of Indigenous children has never really gone away. During 2006 it became an issue in the Australian press before being overtaken by the issue of child sexual abuse. Despite the general acceptance that the health of Indigenous children was worse than that of non-Indigenous children, what to do about it and where to focus intervention remained a hotly contested issue. In response, for example, to
the suggestion that more Indigenous children might need to be removed from their parents, some Indigenous spokespersons suggested this was akin to ‘blaming the victims’ and failing to address the structural causes of child abuse and neglect (Gerard 2006). This issue touched off a heated national debate, played out in the Australian media and in both the Northern Territory and Commonwealth governments, over rights and responsibilities, and the plight of Indigenous children, culminating in the Northern Territory Government commissioning an Inquiry into the sexual abuse of Aboriginal children. The subsequent report of this Inquiry, known as Little Children are Sacred (Wild and Anderson 2007), coupled with the slow response to its findings from the Territory government triggered Commonwealth government intervention. The issue of the well-being of Indigenous children in the Northern Territory, and the Commonwealth Government’s intervention, then became a prominent issue during the 2007 federal election.

In canvassing the recent debates around child health and protection in the Northern Territory this section will focus on the Little Children are Sacred report (LCAS), the Commonwealth government intervention officially called the Northern Territory Emergency Response, and a subsequent Inquiry into the child protection system in the Northern Territory (the Growing Them Strong, Together report) which was released in 2010.
2.3.1 The Little Children are Sacred Report

Ampe Akelyernemane Meke Mekarle “Little Children are Sacred”, the Northern Territory Government Board of Inquiry Into The Protection Of Aboriginal Children From Sexual Abuse, which has come to be known as the ‘Little Children are Sacred’ Report, was released in late June 2007 (Wild and Anderson 2007). It was an inquiry into the issue of child sexual abuse, and claimed that child sexual abuse was endemic in Aboriginal communities in the Northern Territory. The issue of child neglect is, however, threaded throughout its pages.

The Little Children are Sacred Report described a number of situations which would generally be included in definitions of neglect: not feeding children, children wandering the streets unsupervised, nor being given clean clothes to wear, parents preoccupied with gambling and unresponsive to the needs of their children, or parents intoxicated and unable to care for their children (Wild and Anderson 2007, p.160). The authors were told that many children who had been sexually abused ‘had been “neglected” by their own families (Wild and Anderson 2007, p.62) before they were sexually abused, thus increasing their vulnerability to exploitation and abuse. And yet this picture of neglect, reduced to a series of ‘incidents’, had not meet thresholds for child protection referral or intervention.
The recommendations in the *Little Children are Sacred* Report, focused on family support services and other ‘upstream factors’ which contributed to poor child health and wellbeing outcomes. However, the Report did not provide guidance to child protection workers responding to notifications of child neglect involving Aboriginal children. In their focus on ‘upstream’ factors, Wild and Anderson (2007) appeared to regard poverty and child neglect as synonymous, asking, but not answering, the question of how to assess child neglect, that is *parental omissions in care*, in situations of socio economic disadvantage, and suggested that it is not ‘fair’ to assess parents as neglectful if they are living in impoverished circumstances.

The *Little Children are Sacred* Report did attempt to clarify what are minimal parental responsibilities (Wild and Anderson 2007, p.15): ensuring children attend school; that they are fed; they wear clean clothes; they do not wander the streets unsupervised; they learn traditional law and culture; and that they obey both Aboriginal and European law. The Report did not, however, make any attempt to clarify the degree to which failure to undertake these parenting tasks should trigger statutory intervention.

The authors noted that some parents were failing to accept these responsibilities, and that such parents need to be provided with education and ‘persuaded’ to take responsibility (Wild and Anderson 2007, p.16), as well as communities being provided with better housing and other infrastructure, and services to respond to issues of substance abuse and gambling. Having raised the issue of poverty and
disempowerment as clear causal factors which need to be addressed in order to prevent child maltreatment, and suggested that the situation will not improve for at least fifteen years (Wild and Anderson 2007, p.6) the Report offered little guidance for child protection workers responding to notifications.

Wild and Anderson (2007, p.90) tentatively explored the issue of increased vulnerability resulting from traditional child rearing practices, particularly in relation to the allegedly greater degrees of autonomy granted Aboriginal children, suggesting that if such autonomy is not provided within a context of ‘consistent care’, the ‘children become highly autonomous and eventually rebel against later intervention’:

... generally speaking, autonomy is promoted in children from an early age in Aboriginal culture. Once children are old enough to walk around they are often pushed out into their wider peer group. They then become accustomed to making their own decisions and setting their own course in life....This ‘traditional practice’ involves a fine balance between individuality and connectedness to the group and can be a good thing if balanced with proper care...Problems begin to occur when one of these things starts to outweigh the other. When this consistent care is not present, the children become highly autonomous and eventually rebel against later intervention (Wild and Anderson 2007, p.90).

The Report noted that such autonomy, particularly if parents are preoccupied with other pursuits such as gambling and drinking, increases the vulnerability of children to
opportunistic sexual assault and recommended that dialogue needs to occur to determine the strengths and weaknesses of traditional child rearing practices. Many practices that evolved in response to a different time may no longer serve the purpose of teaching and protecting children today although Wild and Anderson (2007) did not provide any guidance to child protection workers about how to approach such issues. Also lacking was any guidance on how to respond to the charge of racism, or continuing a policy of assimilation, that critiquing traditional child rearing practices might invite - a topic which was raised by some submissions to the Inquiry (Wild and Anderson 2007).

2.3.2 The Intervention: Northern Territory Emergency Response

The Little Children are Sacred (LCAS) Report was released publicly in June 2007 and widely reported in the Australian television, radio and print media, with a focus on its claim that child sexual abuse was endemic in Aboriginal communities. The then Prime Minister, the Hon. John Howard, declared this to be a national emergency on 7th August 2007 in response to the widespread allegations of child sexual abuse arising from the LCAS Report. Following this announcement the Prime Minister gave a speech to a privately funded think tank justifying the government response:

Tonight, in our rich and beautiful country, there are children living out a Hobbesian nightmare of violence, abuse and neglect...Many are in remote Indigenous communities in the Northern Territory (Howard 2007, p. 7).
On 7th August 2007 the Australian government introduced three Bills containing the emergency response legislation into the House of Representatives; the legislation passed the Senate on 17th August. Key among the legislative changes were those that amended the *Aboriginal Land Rights (Northern Territory) Act 1976* to enable the Commonwealth to acquire town leases held by Indigenous organisations for five years; to abolish the permit system which enabled Aboriginal people to control movement into Aboriginal lands by non-Aboriginal people; and suspension of parts of the *Racial Discrimination Act 1975* to enable particular laws (such as income management for social security beneficiaries) to only apply to Aboriginal people in the Northern Territory. The latter has since been repealed.

Though the legislation allowing the Northern Territory Emergency Response (NTER) to proceed received bi-partisan support in the Commonwealth Parliament, it was, and remains, a divisive and contentious issue. The NTER was criticised by the then NT Labor government, the Human Rights and Equal Opportunity Commission (HREOC), the United Nations and many, though not all, Indigenous leaders within the Northern Territory and across Australia.

Criticism of ‘the Intervention’ coalesced around the lack of consultation, the paternalism inherent in both the changes and the method of achieving those changes and the human rights abuse associated with the suspension of the *Racial Discrimination Act*. According to Pat Dodson, a senior Yawuru man (the name of the Indigenous peoples of
Broome in remote Western Australia) and the then Chairman of the Kimberley Development Commission (a statutory authority of the West Australian government designed to promote the wellbeing of Indigenous people in the Kimberley region):

...public support for the Howard Government’s intervention in the Northern Territory is support for the philosophy of assimilation (Dodson 2007, p. 28).

Such critics alleged that the ostensible goal of rescuing Indigenous children was a smokescreen, given that there no clear links between the changes and the issue of child abuse. Rather, in its focus on privatising collectively held land, forcing people to take their children to health clinics and to school under threat of withholding social security payments for non-compliance, and removing Indigenous peoples’ ability to control who could visit their communities, the real goal was to change Indigenous people into non Indigenous people. This, according to Dodson (2007) rested on a belief that Aboriginal culture was deeply flawed. The Intervention, in this view, was aimed at:

Nothing short of the production of a newly oriented ‘normalised’ Aboriginal population, one whose concerns with custom, kin and land will give way to the individualistic aspirations of private home ownership, career and self-improvement (Hinkson 2007, p. 6)

Underpinning part of the debate about the Intervention were assumptions about what it meant to be an Indigenous person. For example, as the quote below reveals, for some commentators, having a job is, perhaps, not to be not truly Indigenous:
The widely held view that the only hope for Indigenous people is to become like ‘us’ in the Australian mainstream, living in urban concentrations, having a job, having debt and equity and joining the market on those terms. (Sanderson 2007, p. 34)

For Northern Territory child protection workers, debates which focus on the different world views between Indigenous and non-Indigenous Australians raise a series of practice questions. Should different ways of understanding child abuse and neglect be called for to take account of different ways of viewing the world? Should the service respond differently depending on categorisation of Indigenous people, such as remote, traditional, urban or middle class and, if so, what are these differences? If, as part of a child protection intervention with an Indigenous family, the case plan calls for improvement in parenting, is this call essentially assimilationist? What role then does research about what works best for children play - is this also essentially assimilationist?

The Northern Territory Emergency Response (NTER) was the subject of a report on the situation of human rights and fundamental freedoms by the United Nations Special Rapporteur in February 2010. Whilst the report concluded that the aim of the legislation was to address conditions faced by Indigenous people, it found concern about the process of implementation with respect to self-determination and found provisions of the NTER incompatible with Australia’s human rights obligations.
Despite this widespread criticism, a number of prominent Indigenous leaders supported the NTER, arguing that the situation for the most vulnerable and marginalised (women, children and the elderly) was so precarious that drastic measures were justified. Langton (2008) wrote that those who dismissed the NTER as a cynical ploy on the part of the Commonwealth government deluded themselves about the true situation for women and children, the impact of patriarchal politics, and the extent of previous policy and service delivery failures. A long-time critic of an exclusive focus on rights whilst, in his view ignoring associated individual, family and community responsibility, Pearson (2007) argued that the situation was dire and an emergency requiring strong intervention was warranted. Price (2012) continued to argue from Central Australia that improvements had resulted from the NTER; that interstate and international organisations, such as Amnesty, only spoke to those people who rejected the NTER thus ignoring the improvements that had occurred and continuing to silence those most marginalised in favour of the noisy and powerful.

2.3.3 Inquiry into the Northern Territory Child Protection System: Growing them strong, together

In the wake of the Little Children Are Sacred Report, the NTER, intense media scrutiny, and escalating public concerns including negative findings from two Coronial reports, the Northern Territory Government commissioned an Inquiry into the child protection system.
Although the terms of the Inquiry were to consider the child protection *system,* much of the subsequent Report and the submissions to the Board of Inquiry concerned the statutory child protection *service.* There was a clear focus in the Inquiry report on statutory child protection practice with Aboriginal families: this is to be expected given that overwhelmingly clients of the service are Aboriginal. The purpose of this section is not to provide a comprehensive review, merely to highlight issues within the Inquiry report which are relevant for the current study.

The Inquiry found that the child protection service was overwhelmed, understaffed, with a staffing profile that was difficult to understand:

...under resourced, plagued by high turnover rates, defensive after being subject to numerous public complaints, audits and investigations, in conflict with key stakeholders, uncertain about its role, beset by internal stresses, and struggling to meet even the most basic expectations (Bamblett, Bath and Roseby 2011, p. 18).

In relation to child neglect, the Inquiry noted that emotional neglect was being ignored, and considerable frustration was expressed by professional notifiers that neglect cases were not being followed up because the risk was not deemed serious enough. A considerable gulf was perceived to exist between how child protection workers assessed harm in neglect cases and how other members of the service network assessed harm in neglect cases. At the same time, the Inquiry suggested the low rate of notifications
ultimately resulting in substantiations, particularly around child neglect, was evidence of a large number of cases which should not have been referred to the child protection system and which were threatening to divert attention away from protecting children.

Arguing that the issue of child protection in the Northern Territory is, at its heart, an issue of inequity and social justice and that high rates of neglect are the ‘by products’ of poverty and extreme disadvantage (Bamblett, Bath and Roseby 2010, p. 257), the authors commented that:

It should be noted that any discussion of intervention thresholds needs to consider the context of practice in the Northern Territory and disparities that exist between the Northern Territory and other states. Generally poor living standards in remote areas, the devastating effects of kava/alcohol, marijuana and gambling, the decline in traditional cultural practices, the history of forced child removal and the significant shortage of Aboriginal foster carers along with the ACPP, all contribute to a complex practice context in which there are conflicting imperatives and some policy confusion. Additional complexities exist in understanding and working with Aboriginal people with a complexity of living arrangements such as those in the Northern Territory, e.g. Town camps, long grass, outstations, homelands, rural and remote.

Intervention standards in use elsewhere, could, if adopted locally, lead to many more children and families coming under the purview of NTFC which does not
have the resourcing to adequately deal with current numbers (Bamblett, Bath and Roseby 2010, p. 257).

The issue of what is the appropriate standard or threshold is not satisfactorily resolved in the Inquiry Report; it did not provide much practical guidance to child protection workers. The issue of cultural relativism was raised in a number of submissions, as illustrated in the extract of a submission quoted in the Inquiry report:

> It is difficult to know whether a relativism approach is required (standard of care compared to other children within the same community) or absolute approach (same standard applied to all children, regardless of ethnicity, location etc)...Often new and visiting staff have a lower threshold for notification, as once you have worked in this area for some time many things may become ‘normalised (Bamblett, Bath and Roseby 2010, p.258).

Whilst acknowledging the dangers inherent in a culturally relativistic approach to practice, the Inquiry implied there was little choice since to do otherwise would swamp the system. However, the authors were careful not to explicitly suggest that these ‘intervention standards in use elsewhere’ and which should not be adopted locally ought to be differentially applied on the basis of cultural background.

The Inquiry noted that, in addition to workers normalising the conditions prevalent for the children referred to the service, other influences on decision making included assessment sometimes being based on ability to respond; assessments framed with the
thresholds of the Courts in mind, cases ‘closed’ and documented as requiring no further action because of backlogs, and cases not being accepted because no (physical) harm had occurred.

2.3.4 Summary

If, as Jacobs (2009, p. xxxi) suggests in relation to the first half of the twentieth century, Indigenous family life was the site ‘where colonial scripts were produced and performed’, by the twenty first century Indigenous family life was harnessed to debates about the nature and appropriateness of the relationship between Indigenous people and the State; to questions about individual versus governmental responsibility, or the degree to which ‘being Indigenous’ contributed to the poor outcomes for Indigenous children.

Governmental Inquiries concluded that the high rates of over-representation of Indigenous people in the child protection system was an issue of inequity and social justice, as illustrated by high rates of neglect, here considered the ‘by products’ of poverty and economic disadvantage (Bamblett, Bath and Roseby 2010, p. 257). This understanding of neglect was overwhelmingly structural and linked to the history of colonisation and dispossession. The unmet need was considered so great that, despite policy and procedural definitions and indicators of child neglect, to use these definitions would swamp the system and leave it unable to cope (Bamblett, Bath and Roseby 2010).
Also raised in these Inquiries was how to deliver culturally appropriate child protection services, particularly in remote areas, in a way that did not normalise child neglect or fall prey to the difficulties inherent in a culturally relativistic approach. Although never made explicit, the linking of the potential dangers of cultural relativism with assessments of child neglect seemed to imply that Indigenous parenting, if not viewed in a culturally sensitive way, might be seen to be inherently neglectful. The distinction was also made between ‘remote’ (more traditional) Indigenous people and urban Indigenous people, continuing the process of categorisation which had begun shortly after colonisation.

2.4 Current legislative, procedural and organisational context

The organisation delivering child protection services throughout the Northern Territory underwent significant organisational change during the period of research. This included a change, in 2010, from Family and Children’s Services located within the Department of Health and Families, to the stand alone Department of Children and Families. Then, following a change of government in 2012, to the Office of Children and Families located within the Department of Education. Additionally the governing legislation, The Community Welfare Act (NT) 1983 was repealed and, after extensive consultation, a new piece of legislation The Care and Protection of Children Act (NT) 2007 was passed by the Northern Territory Parliament in December 2007.
2.4.1 The Care and Protection of Children Act (NT) 2007

In 2003 a series of consultations began across the Northern Territory in preparation for a new child protection act. The process of consultation continued over the next three years. Two discussion papers, over eighty submissions and twenty six public forums involving four hundred and twenty people, as well as consideration of the recommendations of the *Little Children Are Sacred Report*, resulted in the *Care and Protection of Children Act (NT) 2007*.

In the speeches surrounding the introduction of the bill to Parliament, various members of the Government outlined what they believed the *rights* of children to be, though not how failing to meet those rights might become a matter for a child protection worker. For example, the Member for Arnhem, Ms McCarthy, an Indigenous woman who would soon assume portfolio responsibility for child protection said that this included:

> The right to be able to sleep at night safely, to have a bed, to know they are safe in a home that does not have a leaky roof, broken doors, holes in the windows that allow the rain to come in in the Wet Season or the dust to blow in the Centre storms in the middle of the night, or snakes, or animals or creature of any kind that can come in to make that home an uncertain place for that child (Northern Territory, Legislative Assembly 2007).

With the introduction of this bill there was no discussion about severely restricting the power of the State to intervene in families as there had been with the introduction of
the *Community Welfare Act 1983*. There was however, strong support for involvement of local communities in decision making which would affect their futures.

The *Care and Protection of Children Act (NT) 2007* retained mandatory reporting for all residents of the Northern Territory if they believed a child was suffering, or at risk of suffering *harm*. Harm is defined at section 15(1) of the Act as:

> ...any significant detrimental effect cause by any act, omission or circumstances on:

- the physical, psychological or emotional well-being of the child
- the physical, psychological or emotional development of the child.

Harm can be caused by the following:

- physical, psychological or emotional abuse or neglect of the child
- exploitation of the child
- exposure of the child to physical violence e.g. physical violence witnessed by a child at the child’s home.

The Act clearly includes reference to child sexual abuse as a key form of abuse that may have a significant detrimental effect on the child and that it may constitute both harm and exploitation. In addition, the exposure of the child to physical violence between parents and/or carers is also identified as a key form of harm. The Act does not define child neglect: operationally, child neglect is defined care within the Policy and Procedures Manual as including repeated failure to provide adequate supervision,
shelter, nutrition, clothing, education, personal hygiene or medical care which causes harm or, where there is a significant risk, such failure will cause harm to the child’s wellbeing or development.

The Policy and Procedure Manual defines harm:

Harm caused by child abuse and neglect is usually not an isolated incident but more often is a pattern of behaviour occurring over a period of time, the effects of which are cumulative and serious. Harm is often described as falling into four categories: physical, sexual or emotional abuse and/or neglect (DCF 2008, 10.7). In addition, the Manual includes an explicit acknowledgement of cumulative harm understood as:

Compounded experiences of multiple episodes of abuse and/or layers of neglect that might be chronological, and/or ongoing, with the strong possibility of the risk factors being multiple, interrelated and co-existing over critical developmental periods. The central aspect of harm is the outcome for the child which diminishes his/her sense of safety, stability and well-being over time.....

Chronic neglect and cumulative harm are independent terms, but the high re-occurrence of neglect as an abuse type, and its often silent co-existence with other identified abuse types, means that it is frequently a factor in causing cumulative harm (DCF 2008 10.8).
2.4.2 Department of Children and Families

Statutory child protection services in the Northern Territory are delivered through the seven offices of Department of Children and Families (called the Office of Children and Families as of 2012), spread across the NT.

Reports of suspected child abuse and/or neglect are received centrally by the Central Intake Team (CIT) based at, but organisationally distinct from, Police Headquarters in Darwin. The Central Intake Team decides whether the report meets the threshold for inclusion into the child protection system, whether the police need to be involved, and then distributes the reports to the relevant regional office for investigation.

The regional teams consist of a Manager, Team Leader and varying numbers of Community Welfare Workers, Advanced Practitioners and Aboriginal Community Workers. All of these job roles have involvement in day to day decision making about cases of child neglect.

There is also a Mobile Support Team which is based in Darwin, but which travels throughout the Territory to deal with backlogs created by unallocated cases. In addition, there is a Child Abuse Taskforce which is made up of local Northern Territory Police, Australian Federal Police and child protection workers. This taskforce responds to cases of sexual abuse, typically where there are multiple victims and/or offenders.
After office hours, urgent child protection cases are responded to by local regional office staff who are rostered ‘on call’.

### 2.5 The health and wellbeing of Northern Territory children

On a range of indicators children in the Northern Territory do less well than the national average. This is influenced both by the number of children who live in remote and very remote areas and the number who are Indigenous. Children living in rural or remote areas tend to have higher levels of disease risk factors and illness, and lower access to services (AIHW 2011). Forty nine per cent of all Northern Territory children live in remote or very remote areas, with the majority of these children being Indigenous (AIHW 2011).

The poorer performance of the Northern Territory is influenced by the relatively high proportion of Indigenous children, and the poorer health, education, social and economic outcomes experienced by these children (AIHW 2011, p. vi).

Li et al. (2007) provide an overview of the health of young Territorians by drawing on a number of Northern Territory data sets. They note a number of indicators which increase the vulnerability of Indigenous children.

Fewer Indigenous women receive antenatal care and, when they do, on average they attend clinics less than do non-Indigenous women. High quality antenatal care is
considered important for a healthy start in life (Yakoob et al. 2009). Although the proportion of low birth weight babies born to Indigenous mothers has fallen steadily throughout the period 1986-2002, more Indigenous children are born with low birth weight than non-Indigenous. In 2002 fourteen per cent of Indigenous and approximately six per cent of non-Indigenous babies were low birth weight. Low birth weight is a risk factor for infant mortality but also for ill-health throughout the lifespan (AIHW 2011). The Northern Territory has an infant mortality rate twice that of the Australian rate: 8.5 children per 1,000 compared with 4.2 children for the nation as a whole (AIHW 2011).

Over the preceding twenty years (1986-2006), the average age of Indigenous first time mothers was consistently less than twenty years and for non-Indigenous mothers consistently more than twenty-five years. Furthermore, almost one-third of Indigenous mothers were teenagers, with 60 per cent of those being under eighteen, compared with just over five per cent of non-Indigenous mothers being teenagers with approximately 32 per cent of these being under eighteen. Social and economic influences, such as teenage motherhood, are powerful determinants of child mortality (Zhang et al. 2010).

In relation to family structure, there is a greater proportion of Indigenous single parent families than non-Indigenous single parent families. However, this must be considered
in the light of Indigenous child rearing given the context of extended family groups which potentially mediates the effect of sole parenting.

Across the Northern Territory 69 per cent of the population spoke English as their first language compared with eighty per cent across Australia. However, in remote areas 74 per cent of Indigenous people spoke a main language other than English and levels of spoken and written English literacy vary widely (Li et al. 2007).

At school entry, children from the Northern Territory are more likely to be developmentally vulnerable at school entry (39 per cent) compared with Australia overall (24 per cent). Territory children are less likely at Year 5 (around 10 years of age) to meet national minimum standards for reading or numeracy, with only 65 per cent and 74 per cent meeting these respective standards, compared with 92 per cent and 94 per cent across the nation. The influence of increasing remoteness is highlighted in this data: whilst 31 per cent of Indigenous Northern Territory children met the standard for reading, this fell to 20 per cent in very remote areas (Li et al. 2007).

In remote Indigenous communities, only 50 per cent of housing met at least four out of five recommended requirements for healthy living practices. The major deficit was the capacity to prepare and store food (Li et al. 2007). Access to adequate housing is an important influence on children’s health (AIHW 2011). Children in the Northern Territory, especially those who are Indigenous, can be seen as more vulnerable on a
range of indicators than children elsewhere in Australia. This Chapter now considers child protection data in the Northern Territory.

2.6 Child Protection data for the Northern Territory

In Australia, statutory child protection is the responsibility of States and Territories and, whilst many of the processes are similar, legislation, policies, procedures and the context of practice differ. In addition, as outlined above, the start that children get in life varies across States and Territories and between sub-groups within populations; children in the Northern Territory do not get the same positive start in life as children elsewhere in Australia. Variations in rates of child abuse and neglect may therefore reflect these differences rather than true variations in the rates of child abuse and neglect (AIHW 2010). Despite this caveat, the over representation of Indigenous children in all jurisdictions has been consistent over time. This section provides a snapshot of Northern Territory child protection data. The section concludes by considering data relating to child neglect which dominates child protection service activity in the Northern Territory.

The number of notifications over the period 2001/2-2009/10 has increased dramatically from 1,605 to 6,585. This is understood to have resulted from national media attention, the NTER, and the Northern Territory Government child protection inquiries (Bamblett, Bath and Roseby 2010).
Figure 2.5: Numbers of notifications received: NT 2001/2 – 2009/10 (Bamblett, Bath and Roseby 2010)

Figure 2.6 illustrates the comparable rise between notifications received, accepted for investigation and ultimately substantiated. The number of notifications showed a fourfold increase, the number of notifications accepted for investigation increased nearly four and a half times, and the number of substantiations increased three and a half times over this period.

Figure 2.6: Numbers of notifications received, accepted for investigation and substantiated: NT 2001/2-2009/10 (Bamblett, Bath and Roseby 2010).
Neglect remains the largest category of notified cases to the child protection service as illustrated in Figure 2.7.

![Figure 2.7: Percentages of different types of harm recorded for notified cases: NT 2003-2010 (Bamblett, Bath and Roseby 2010)](image)

Table 2.1 illustrates the relative proportions of child protection notifications accepted for investigation in the Northern Territory. These proportions have been relatively stable over time, with 52 per cent of notifications accepted for investigation at the beginning of the period 2001/2-2009/10 and 56 per cent at its end.

<table>
<thead>
<tr>
<th>Year</th>
<th>Proportion of notifications accepted for investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-2002</td>
<td>52%</td>
</tr>
<tr>
<td>2002-2003</td>
<td>57%</td>
</tr>
<tr>
<td>2003-2004</td>
<td>54%</td>
</tr>
<tr>
<td>2004-2005</td>
<td>56%</td>
</tr>
<tr>
<td>2005-2006</td>
<td>41%</td>
</tr>
<tr>
<td>2006-2007</td>
<td>57%</td>
</tr>
<tr>
<td>2007-2008</td>
<td>55%</td>
</tr>
<tr>
<td>2008-2009</td>
<td>45%</td>
</tr>
<tr>
<td>2009-2010</td>
<td>56%</td>
</tr>
</tbody>
</table>

*Table 2.1: Proportion of notifications accepted for investigation: NT 2001/2-2009/10 (Bamblett, Bath and Roseby 2010)*
Notifications that are accepted for investigation are rated at intake to determine response times. Table 2.2 shows the number of investigations in each risk rating from 2004 through to 2009. This table illustrates that ‘Child Concern’ notifications form the largest and fastest growing type of notifications received by the child protection service.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child in Danger</td>
<td>209</td>
<td>200</td>
<td>227</td>
<td>314</td>
<td>330</td>
</tr>
<tr>
<td>Child at risk</td>
<td>508</td>
<td>396</td>
<td>496</td>
<td>638</td>
<td>784</td>
</tr>
<tr>
<td>Child Concern</td>
<td>613</td>
<td>748</td>
<td>836</td>
<td>976</td>
<td>1528</td>
</tr>
<tr>
<td>Total</td>
<td>1330</td>
<td>1344</td>
<td>1559</td>
<td>1928</td>
<td>2642</td>
</tr>
</tbody>
</table>

Table 2.2: Child Protection Investigations commenced in each year: NT 2004-2009 by urgency (Bamblett, Bath and Roseby 2010)

As the immediacy of the risk rating decreases, so too does the ability of the child protection service to respond within procedural timelines: in 2008-9 only 23 per cent of Child Concern cases had an investigation commence within the recommended five days.

In addition, it is this level of case which can remain ‘unallocated for many months’ (Bamblett, Bath and Roseby 2010, p. 241). The Growing Them Strong Report, considers Child Concern Reports as ‘low risk’ (Bamblett, Bath and Roseby 2010, p. 239). Whilst they are assessed as low risk because the children are in no immediate danger, the needs of these children may be high. Child neglect cases are typically rated as ‘child concern’ cases.

Table 2.3 illustrates the number of notifications (as distinct from investigations) which ultimately conclude as child protection substantiation (i.e. as proven) during the period
2001/2-2009/10. This too has remained stable: twenty-two per cent of notifications concluded in this manner at the beginning of the time period and nineteen per cent at the end.

<table>
<thead>
<tr>
<th>Year</th>
<th>Proportion of notifications which resulted in substantiation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-2002</td>
<td>22%</td>
</tr>
<tr>
<td>2002-2003</td>
<td>21%</td>
</tr>
<tr>
<td>2003-2004</td>
<td>27%</td>
</tr>
<tr>
<td>2004-2005</td>
<td>23%</td>
</tr>
<tr>
<td>2005-2006</td>
<td>17%</td>
</tr>
<tr>
<td>2006-2007</td>
<td>21%</td>
</tr>
<tr>
<td>2007-2008</td>
<td>21%</td>
</tr>
<tr>
<td>2008-2009</td>
<td>14%</td>
</tr>
<tr>
<td>2009-2010</td>
<td>19%</td>
</tr>
</tbody>
</table>

Table 2.3: Proportion of notifications which resulted in substantiation: NT 2001/2-2009/10 (Bamblett, Bath and Roseby 2010).

Reflecting in part the poorer start in life of Northern Territory children, the rate of children who were the subject of a child protection substantiation (that is, that the allegation of child maltreatment was proven) is higher in the Northern Territory than elsewhere in the country as shown in Figure 2.8.

Figure 2.8: Number of children aged 0-12 per 1,000 children who were the subject of child protection substantiation 2009-2010 (AIHW 2011).
The rate of Indigenous children who were the subject of substantiation in the Northern Territory was six times the rate of children who were non-Indigenous as shown in Figure 2.9 (AIHW 2011). Although the rate for non-Indigenous children is comparable with Australia as a whole, the rate of substantiation for Indigenous children in the Northern Territory is somewhat less than in the nation as a whole.

![Figure 2.9: Rate per 1,000 children aged 0-12 the subject of child protection substantiation 2009-2010 by Indigenous status (AIHW 2011).](image)

The rate of Indigenous children who have been the subject of child protection substantiation has increased steadily over the past decade from 9.7 per 1,000 children in 2001-2 to 31.9 per 1,000 children in 2009-10 as illustrated in Figure 2.10 (Bamblett, Bath and Roseby 2010). This increase is generally understood to be a result of increased national focus on the wellbeing and protection of Indigenous children.
Figure 2.10: Children aged 0-17 in the NT subject of child protection substantiation 2001/2-2009/10: rate per 1,000 children by Indigenous status (Bamblett, Bath and Roseby 2010).

The proportion of notifications for child neglect has varied since 2003, although it has never fallen below thirty per cent as illustrated in Figure 2.11. The current proportion of notifications for child neglect, at approximately forty one per cent is only marginally higher than it was in 2003.

Figure 2.11: Percentage of child neglect notifications: NT 2003-2010 (Bamblett, Bath and Roseby 2010).
Neglect has formed a greater proportion of substantiated cases of child maltreatment for Indigenous children than for non-Indigenous children as illustrated in Figure 2.12. For Indigenous children, substantiated neglect cases have increased from 30 to 54 per cent over this period with the sharpest period of increase beginning in the wake of the Little Children are Sacred Report and the Northern Territory Emergency response (NTER).

Figure 2.12: Neglect as a percentage of all substantiated cases: NT by Indigenous status 2001/2-2009/10 (Bamblett, Bath and Roseby 2010)

Figure 2.11 showed that whilst the proportion of neglect notifications varied during the period 2003-4 to 2009-10, at the beginning and at the end of that period the proportion was approximately 40 per cent. Figure 2.12 showed that neglect as a proportion of all substantiated cases has grown from approximately 30 to 50 per cent. However, Figure 2.13 shows that neglect cases substantiated as a percentage of neglect cases notified has fallen from 2003-4 to 2009-10. In 2009-10 one-quarter of all neglect notifications resulted in neglect substantiation; despite the increase in neglect notifications and
substantiations, the proportions of neglect notifications screened out of the system has increased, although the most recent data show this trend may be changing.

Although Bamblett, Bath and Roseby (2010, p. 239) suggest this high rate of screened out cases reflect inappropriate referrals better served outside the child protection service, they also note that there is an increase in the rate of re-notification of children for child neglect (from 14 per cent in 2003-4 to 28 per cent in 2009-10) as well as a gulf between how child protection workers assess neglect and how other members of the service network assess neglect. It may be that some of these cases which are initially screened out contribute to the increase in children re-notified to the child protection service, and that neglect referrals constitute a considerable proportion of these.
2.7 Conclusion

This chapter has provided an overview of the context of research and practice. The Northern Territory has a unique demographic profile, being younger and with a higher proportion of Indigenous peoples than elsewhere in Australia, and faces significant service delivery challenges given the remoteness of the population. The Northern Territory has lower health and wellbeing outcomes for children than other states/territories in Australia.

The chapter has highlighted the extent to which child protection practice, particularly around ideas of neglect, has historically been involved in the lives of Indigenous people. Arguments about the extent to which Indigenous child rearing practices are synonymous with and/or contribute to child neglect continue in debates of the present day. Child protection services (as ‘the welfare”) were key agents of assimilation. Today the role is understood as protection, yet there remains the assertion that the implicit goal is to change child rearing methods which may, or may not, be linked to cultural traditions. The socialisation of Indigenous children remains a key intervention point for broader social policy goals.

Contemporary debates about social policy concerned with Indigenous people not only reveal continuity with previous debates about the degree to which Indigenous culture is instrumental in the neglect of children, but also about whether different standards
should be acceptable for Indigenous people and what the appropriate stance of
government agencies should be toward Indigenous disadvantage. In addition, the
current focus of much child protection talk and policy discussion in the Northern
Territory remains Indigenous children and families. The practice context for child
protection work is highly politicised and, whilst there has been an ostensible shift
toward a public health approach to child protection, little guidance has been provided
to child protection workers about what this means, if anything, for their day to day
practice.
Chapter Three:

Literature Review

Introduction

This chapter reviews the research literature. Firstly it reviews the literature which identifies issues complicating the definition of neglect in research and practice. Secondly, it reviews the literature on child protection decision making. Finally this chapter evaluates the applicability of the literature reviewed in relation to this study’s research question.

As noted in Chapter One, research which focuses on child neglect is under-represented in the child protection research literature. Wherever possible reference will be made to studies where child neglect is the focus, however, the research on decision making in child protection more broadly dominates this chapter. Further, the research literature around child protection practice largely originates in the United States, the United Kingdom and, increasingly, Canada. Where relevant Australian research has occurred this is considered in detail.

The chapter begins by exploring the ambiguity which exists about the concept of child neglect, and the way in which issues such as poverty and culture complicate the
operationalisation of child neglect in child protection practice. The chapter then explores a range of decision making influences documented in the literature, and presents these factors within the decision making ecology framework (proposed by Baumman, Kern and Fluke 1997). This framework incorporates factors related to the case, the caseworker, the organisation and the external environment. The research literature illustrates that child protection worker decision making is not just a product of case or caseworker characteristics, but is also influenced by the organisational context, and the context of the broader service sector and the community in which the organisation is situated. The latter includes, for example, ideological positions about the ways in which mainstream services should respond to cultural minorities.

This chapter concludes with an evaluation of the literature and comments on the both the utility and applicability of previous research to the research question being considered in this study.

3.1 What is child neglect?

Despite legal, medical, sociological and research definitions which focus broadly on omissions in parental care, at the level of practice defining neglect is often plagued by the lack of specificity inherent in the concept itself. This section will explore some of
the issues identified by the literature which complicate the construction of clear working definitions of neglect as summarised by Roditti (2005):

Child neglect appears to be a matter of degree, involves multiple factors, is relative to the observer, involves an act of omission and varies from community to community depending on community standards (p. 278).

Wolock and Horowitz (1984) suggested that neglect receives less attention in child protection discourse in part because it is a vague and ambiguous concept. Over twenty years after Wolock and Horowitz (1984), asked why neglect was being ignored in theory and in practice, McSherry (2007) asked this again, and considered that ‘the definitional issue’ and lack of consensus within society about what constitutes neglect remained. Despite calling for a definition of neglect in ‘clear and concise terms’ to guide practice, McSherry (2007) remains sceptical about this possibility:

..it needs to be borne in mind that it may be impossible to define neglect in narrow or concrete terms and that fluid definitions which are context, time and culturally specific, may be required. Clearly, defining child neglect at any given time or context will depend heavily upon current political and moral ideals regarding what is considered adequate care for children and the strength of policy or political will to ensure that these ideals are met (p. 612).

The problem of definition has been noted repeatedly (Nelson, Saunders and Landsman 1993; Sullivan 2000; Horwath 2005; Stevenson 2007).
Child neglect is often subsumed under the term child abuse, as if they are manifestations of the same thing, but many writers suggest that neglect is a separate entity with its own antecedents, characteristics and effects (Golden, Samuels and Southall 2003). Reid et al (1994 cited in Sullivan 2000, p. 9) claim that:

In effect, neglect is a residual category composed of all instances of child maltreatment other than those explicitly defined as sexual, physical or emotional abuse.

Even where there is agreement at a general level that child maltreatment takes two forms - child abuse and child neglect - there is a lack of consensus about how these phenomena are differentiated, and which specific forms of parental behaviour should be subsumed under each category (Wolock and Horowitz 1984).

Zuravin (1999, p. 28) argues that in defining neglect, both conceptually and operationally, several considerations are important. Firstly, neglect differs clinically from other types of maltreatment because it refers to *omissions* in care, rather than *commissions* that endanger or harm children. Because of this the likelihood is that the aetiology and sequelae of neglect may differ from other types of maltreatment. Secondly, it is ‘phenotypically diverse’, encompassing many different subtypes (i.e. inadequate supervision, medical care, housing) requiring conceptual and operational definitions for each subtype, including frequency and chronicity. Thirdly, behaviours or lack thereof need to be considered in the context of the child’s developmental level; and finally, the provision of daily, routine care for a child is a parent’s or a primary caregivers
responsibility, thus failure to provide such care by the parent is neglect, and omissions by others is not (Golden, Samuels and Southall 2003). Because neglect involves the daily routine care for a child it refers to a complex situation rather than a particular act (Hildyard and Wolfe 2002).

3.1.1 Definition depends on purpose

Different definitions of child maltreatment are required for different purposes (Aber and Zigler 1981). While narrow definitions are required for statutory intervention in order to protect the rights of family, broad definitions are required when the intention is to focus on at risk families, and to provide such families with suitable services. Parton, Thorpe and Wattam (1997, p. 9) suggest the child protection system operates as a process of ‘diagnostic deflation’, at the same time as broader understandings of child maltreatment have undergone a process of what Dingwall (1989, p. 28) calls ‘diagnostic inflation’.

Aber and Zigler (1981) distinguished legal, research, medical/diagnostic and sociological approaches evident in the approaches to definitions of maltreatment. Research definitions have usually equated with child protection service definitions: the population of families studied have been those assessed as maltreating by child protection services (Tominson 1995). Dubowitz et al. (2005, p. 494) state that ‘a long history of imprecise
definitions of neglect has hampered researchers’ ability to make inferences about the nature and consequences of neglect’.

Medical/diagnostic definitions aim to identify the pathology that underlies the symptom (of child abuse) in such a way that intervention to treat or cure is possible. Following the modern ‘rediscovery’ of child abuse and neglect (Parton 1985) by Kempe et al. (1962) writing on the ‘battered baby syndrome’, the conceptualisation of child abuse and neglect was governed by a disease model: that child abuse was an illness in the parent, and attention was focused on identifying and treating the abusive parent. Parental behaviours were the manifestation of a pathology that could be diagnosed by symptoms (injury) present in the child. The central role of research was to discover the traits that distinguished the abusive parent from the non-abusive parent (Parton 1985).

Sociologists such as Gil (1975) and Pelton (1978) view child maltreatment more broadly, and emphasise the need to consider the social context such as overcrowding, poverty or inadequate service provision. Definitions of child neglect, which are influenced by Brofennbrenner’s (1979) work on an ecological approach to social problems, focus on the links between the parents, family and the wider environment (Garbarino and Collins 1999):

Although families assume primary responsibility for protecting and nurturing their children, professionals, community agencies and local institutions assist by assuming responsibility for adequate schools, safe neighbourhoods,
developmentally appropriate recreational facilities, accessible health services etc
(Black and Dubowitz 1999, p. 262).

Legal definitions place emphasis on the precise nature of the abusive acts and the consequences for the child - the purpose of legal definitions is to assist in deciding whether coercive state intervention into the family is warranted or justified. Legal definitions are typically translated into policy and procedures to guide child protection workers to operationalise child neglect in practice.

The operationalisation of child neglect is required to answer fundamental questions:

- What are the indispensable minimally adequate types of care that children require?
- What actions (or inactions) on the part of parents would constitute neglectful behaviour?
- What are the effects of these action or inactions on the child’s health, safety or development?
- Is parental intention integral to this definition of neglect?
- Is the family’s situation a result of poverty, or a result of ‘parental’ neglect?

(Gaudin 1993, p. 3)

In addition, if neglect is the failure to receive socially acceptable standards of care (Straus and Kantor 2003), the way that care is expressed and organised is not the same
everywhere, and it is apparent that the definition of neglect is at least both partly culturally determined (Smith and Fong 2004) and changes over time:

Standards of care evolve and change as a function of a negotiated settlement between science and professional expertise on the one hand and culture and community values on the other (Grayson 2001, p. 7).

3.1.2 Is Neglect ‘Just Physical’?

Care has an emotional dimension, it is embedded in a relationship, it involves an attitude of compassion as well as the discharge of specific duties (Turney 2005). Parenting involves responding to the child’s emotional needs, and neglect is being ‘unresponsive’ to these needs although at what point unresponsiveness becomes neglect is unclear.

Emotional and physical neglect are generally written about as if they were the same thing, with physical aspects of neglect dominating (Scourfield 2000). Glaser (2002) focuses on ‘emotional abuse and neglect’ as a discrete concept. She conceptualises emotional abuse and neglect as a:

Carer – child relationship that is characterised by patterns of harmful interactions, requiring no physical contact with the child. Motivation to harm the child is not necessary for the definition. The child’s development is impaired
in all areas of functioning but not being specific to emotional abuse and neglect cannot be characterised as diagnostic (Glaser 2002, p. 697).

Glaser (2002, p. 702) proposed five categories of emotional abuse and neglect of which one appears to specifically define emotional neglect: substance abuse or mental illness - emotional unavailability, unresponsiveness and neglect which includes parental incapacity due to substance abuse or mental illness. For Glaser (2002) the term emotional neglect describes a relationship between the parent and the child rather than an event; requires that the interactions of concern pervade or characterise the relationship, and where the interactions are actually or potentially harmful by causing impairment to the child’s psychological health or development (Glaser 2002).

Although neglect has often been dominated by the physical, it is clear that there is an emotional aspect as well. A child’s needs do not come in strictly divided compartments, and the younger the child, the more intertwined are all aspects of development (Stevenson 2007).

3.1.3 Chronicity

Chronicity refers to patterns of the same acts or omissions that extend over time or recur over time (Zuravin 2001, p. 44). Neglect is typically perceived as something that is persistent - but how long must something be present for it to be persistent? It involves failure to meet a child’s needs
to such a degree that it is likely to result in harm - but what ‘dose’ of care is required to avoid harm?

Chronicity has become an important part of the definition of neglect, but how long an act or omission must endure or how many times it must recur before qualifying as neglect is not clear. If the injury is severe, one incident is sufficient - if there are no injuries a recurrent pattern is required to qualify it as maltreatment. Dubowitz et al. (1993) argue that a single act of omission can have serious consequences (like a child drowning in a pool) - but this raises the question - what then is ‘an accident’? Straus and Kantor (2004) see chronicity as particularly important in neglect because in their opinion ‘there is an implicit cultural tolerance for rarely occurring neglectful behaviour by a caregiver’ (p. 24).

The families Allsopp and Stevenson (cited in Stevenson 1998a) comment on are frequently described as chronically neglectful: such families are characterised as chaotic and unpredictable, with a lack of cognitive stimulation and emotional nurturing for the child (National Research Council 1993), and as having long term involvement with family support and child welfare services (Nelson, Saunders and Landsman 1993).

Such families are often headed by single parents, with financial and/or housing problems, and may have little or no community support (Tomison 1995). Many of the caregivers are also described as low functioning, that is, they have some form of mild
intellectual disability (Nelson Saunders and Landsman 1993). Chronically neglectful families are typically multi-problem families with pervasive deficits in knowledge, skills and tangible resources, whereas ‘non-chronically’ neglectful families have experienced recent life crises that have ‘overwhelmed normally sufficient coping resources’ (Gaudin 1993, p. 68).

3.1.4 Evidence of Harm or Risk of Harm?

Risk of harm places emphasis on the act or omission itself rather than the uncertain outcome of the act. Early definitions of child abuse, focusing on physical abuse, and following the work of Kempe (1962), were harm definitions:

..the radiological evidence of a history of multiple and repeated fractures to children coupled with the fact that the parents could not adequately explain the cause of fractures (Aber and Zigler 1981, p. 2).

Given that the outcomes of child neglect are not always immediately obvious, relying on evidence of harm may leave children vulnerable. Harm from neglect is cumulative, with harm accumulating based on the extent and type of omissions of care, and the child’s age and length of time the child has experienced the omission (Dubowitz et al. 1993; Gaudin 1993). Straus and Kantor (2005) suggest that the harm should be conceived of as the failure to receive socially acceptable standards of care rather than needing to see some impact on the child.
Smith and Fong (2005, p. 16) suggest it is ‘tautological to define child neglect in terms of the outcomes to children of child neglect’. Moreover, children suffering from other forms of maltreatment, or children who have not been maltreated, but have experienced a significant life event (death of a parent) may exhibit the same ‘symptoms’ of child neglect.

Dubowitz et al. (1993) suggests that although estimates of severity are typically based on the degree of harm involved, this is not always apparent or easy to assess. Potential harm is thus more controversial than actual harm. English (1999, p. 192) neatly illustrates this difficulty:

- What about the four year old child whose mother lives in a house with broken glass on the floor, rotten food in the fridge, or used needles lying around? The child has not been cut, does not have food poisoning or been pricked by needles - does this case warrant intervention?

Whilst broader definitions of neglect would most likely identify this as a case of ‘child neglect’, narrower legal definitions may not; how significant is the risk, and how severe is the probable harm? The age of the child is critical in assessing and in defining neglect (Aber and Zigler 1981). A situation that is neglectful for a toddler may not be so for an adolescent. Neglect is related to the degree of dependency on others to supply needs in a way that other forms of abuse may not be; abuse is reliant on the degree of harmful behaviour undertaken or incurred rather than on dependency. English et al. (2005)
characterise neglect as a situation where the basic stage salient needs of the child are not met resulting in a risk of harm or less than optimal development.

3.1.5 Intent and Locus of Responsibility.

Who, or what, is at fault? Medical/legal definitions of neglect focus on the parent or caretaker; sociological definitions focus on ‘society’ and the way in which resources are allocated; and ecological perspectives focus on the interaction between the parent, child, community and society. Golden, Samuels and Southall (2003, p. 105) suggest neglect is:

The non-deliberative failure to meet the child’s needs and deprivational abuse is the deliberate or malicious failure to supply the needs of the child.

However, intent is difficult to operationally define:

... even if we could operationalise intent, it would be unwarranted to eliminate from the definition behaviours that are unintended, behaviours for which parents are not responsible, or behaviours that are provoked when we are interested in determining aetiology (Zuravin 1991, p. 121).

Dubowitz (1999) advocates an ecological perspective that focuses on the basic needs of the children that are not met rather than on the behaviour or the intentions of the parents, arguing that the purpose in defining child neglect is to ensure the adequate
care and protection of children; thus it is important to include in the conceptualisation of what is neglect the contribution of multiple and interacting factors.

3.1.6 Poverty

Poverty is a powerful predictor of poor outcomes for child health and wellbeing (Dubowitz 2007; Bradbury 2007) leading Swift (1995, p. 9) to comment that the ‘popular image of neglect is virtually synonymous with the image of poverty’. In addition to the effects of poverty on child outcomes including child maltreatment, poverty is strongly associated with neglect, and neglecting families are often the poorest of the poor (Daró 1988; Di Leonardi, 1993; Jones and McCurdy, 1992; Dubowitz, 1999; Dubowitz 2007). Mustard and McCain (2002) in Canada demonstrated that whilst there is no socio economic threshold above which all children do well, and whilst the greatest number of children who face difficulty are in middle income families (since these comprise the bulk of the population) the greater proportion of low income children do poorly on a range of health and wellbeing measures.

Drake and Pandey (1996) examined the relationship between poverty and three types of maltreatment (neglect, physical abuse and sexual abuse) and found that child neglect is most powerfully associated with neighbourhood poverty status. This has been confirmed in a number of studies (for a review see Coulton et al. 2007). The United States National Research Council (1993) confirms poverty as the main risk factor for
child neglect. In 1993-4, across the United States children from families with incomes below $US15,000.00 were 44 times more likely to experience physical neglect and were 56 times more likely to be educationally neglected than children from families with incomes over $US30,000.00.

However, neglect and poverty are not interchangeable; not all poor families neglect their children and sometimes the environmental situation is so dire, as Minty (2005) suggests, that it precludes any individual family assessment of parenting:

The vast majority of families who live in (material) poverty have not had their children registered for child neglect; and, in fact, when children in the Third World are dying from hunger, due to poverty, we would in no way accuse their parents of neglecting them. Something different is needed for society to decide there is neglect (p. 58).

To varying degrees, poverty and inequality exist in Western countries, and services and supports are unevenly distributed. Nonetheless, there is a presumption in many definitions of child neglect that there is no social circumstance that alone would overwhelmingly determine outcomes for children, or influence parental capacity to the degree implied in the above quote. At the same time definitions of child neglect seem to read like definitions of poverty. At least in the case of physical neglect, poverty is ‘embedded in the definition of neglect’ (Stone 1998, p. 7). Poor children are on this reading neglected by definition. At what point, and under what circumstances does the
concept of child neglect become something that is less an omission of care by a parent, and more a failure of policy by the State?

More recent definitions of neglect in some jurisdictions make room for ‘extenuating circumstances’:

The family’s access and response to available services that might help alleviate the neglectful conditions...for example, if a family living in poverty was not providing adequate food for their children, it may only be considered neglect if the parents were made aware of food assistance programs but did not use them (National Clearing House on Child Abuse and Neglect Information cited in Zuravin 2001, p. 48).

This definition of neglect attempts to distinguish between child neglect as a consequence of poverty, and ‘real’ child neglect, that is that to which child protection services should respond, that which is the result of *parental* acts of omission. There is, within this definition, an ‘implied intent’ on the part of parents who will not avail themselves of help to provide for their children. Polansky et al. (1972, p. 30) distinguished the situation thus:

...if the parent is living no better than his children and wants to keep them with him, the general attitude is that his progeny and heirs may be unlucky, but they are not neglected.
In some ways neglectful families highlight a broader issue, that is the way in which the problems and difficulties of individuals and families are seen and understood and to what they are attributed:

Although there are many fierce arguments amongst those who are described as holding ‘intra or interpersonal’ theories, these are not experienced as intensely as tensions between these theories and those who are rooted in a structural analysis of people’s problems (Stevenson 1998, p. 20).

A number of studies have demonstrated how social workers struggle in their work with poor families notified for neglect, especially with families from marginalised cultural backgrounds (Turney and Tanner 2001; Buckley 2003; Horwath 2005).

Although some writers suggest eliminating poverty as a key tool in eliminating child neglect (Pelton 1993), others such as Crittenden (1999) suggest that poverty may be an outcome rather than a cause of child neglect and child abuse more generally (Frederick and Goddard 2007). In addition, Crittenden (1999) focuses on the nature of relationships:

... because functional interpersonal relationships are needed to maintain families and employment and to obtain assistance from others, poor relationships may lead to economic poverty, particularly the sort of poverty that is enduring across generations in spite of opportunities for economic success (p. 51).


3.1.7 Culture

Zuravin et al. (1999) noted that most current definitions of child neglect contain an element (whether recognised or not) of cultural values. Korbin and Spilsbury (1999, p. 69) state that the relationship between culture and child neglect is ‘complex, politically charged and fraught with unresolved issues’ and argue that:

There is no inherent contradiction between incorporating culture in child protection and ensuring child wellbeing. It does not follow that if cultural diversity is accommodated in child protection efforts, differing standards for different cultures will emerge and children will suffer as a result (p. 69).

Rose and Meezan (1993) examined how perceptions of child neglect in the United States might vary according to cultural background. Rose and Meezan (1993) found that African-American mothers and Hispanic mothers are slightly more concerned than Anglo-European mothers regarding incidences of neglect. Dubowitz et al. (1998) found significant differences in views on child neglect among African-American and Anglo-European community members of middle and low socio-economic status compared with child protection workers.

Hong and Hong (1991, p. 472) conclude ‘that it is possible to have intergroup consensus on what constitutes child maltreatment’ particularly in terms of what are the most and least serious types of child maltreatment. This does not however indicate that there is
necessarily cross-cultural agreement about whether the state should intervene when families have difficulties.

Korbin and Spilsbury (1999) suggest that any examination of child maltreatment across cultures must not confuse the three levels of definition: cultural differences in child rearing practices; idiosyncratic deviation from these cultural norms; and societal-induced maltreatment to children. Korbin and Spilsbury (1999) remind us that as well as variations between cultures around what is good child care practice, there is also considerable intra-cultural variability influenced by acculturation to the dominant culture, education, income, gender, age and past experience. Some cultural practices, while intended to assist a child, may harm a child (the use of some traditional medicines for example) especially in the context of change. A child care strategy well suited to one situation may not be suited to another; for example the issue of sibling caretaking. Among Maori in New Zealand and Hawaiian Americans in the United States (Korbin 1990), Native Americans in the United States (Hauswald 1987) and Aboriginal people in Australia (Malin, Campbell and Agius 1996) there is a strong practice of sibling caretaking which may conflict with mainstream care standards. Developing definitions of child neglect to incorporate both between group and intra-group differences is complicated.

General agreement appears to exist across cultural groups on what constitutes clearly inadequate care; however, there are differences in what constitutes minimally
acceptable levels of care and nurturing for children of different ages across cultures although these are not so well understood. Simply focusing on a child’s basic needs ignores that definitions of a child’s needs are also dependent on a cultural filter, as illustrated in the following example:

One could argue that regardless of culture, preparation for the future through education is a basic need. However, the form of education varies across cultures. Among most families living in the United States, formal education is seen as basic to child and adolescent development, and this view is supported by mandatory education laws. In contrast the Amish parents view education beyond the eighth grade as wholly inappropriate for their way of life and damaging to Amish children’s socialization to Amish adulthood. Is Amish society’s court supported refusal to send children to school beyond the eighth grade child neglect? (Korbin and Spilsbury 1999, p. 77).

3.1.8 Sub-types of neglect.

Different researchers have proposed a wide range of subtypes of neglect (Zuravin and Taylor; Barnett et al. 1997). Rose and Meezan (1996) and Swift (1995b) have noted that until recently physical neglect predominated as the first concern and Scourfield (2000) suggests child neglect is still dominated by physical neglect. Giovanni and Beccerra (1979) distinguish the neglect of children using four categories: educational neglect, abandonment, failure to provide and fostering delinquency; Zuravin (1991) proposed
fourteen sub-types of physical neglect; the National Incidence Studies-3 (Sedlak and Broadhurst 1996) identifies three ‘neglect types’ (physical, educational and emotional) each of which has a number of subtypes; and Gaudin (2001) identifies four neglect types, with a total of 17 subtypes of neglect.

DePanfilis (2001) developed a number of categories and subtypes of neglect in order to identify families who need assistance to adequately meet the basic needs of their children, and suggests that if the lack of care under these categories is seriously inadequate and results in harm or there is a risk of harm it would meet the criteria of neglect for statutory purposes. These categories are:

- **Child Safety**, which includes thirteen subtypes;
- **Permanency**, which includes five subtypes;
- **Child Wellbeing**, which includes seven subtypes; and
- **Family Wellbeing**, which includes nine subtypes.

Lawrence and Irvine (2004) reviewed Australian state and territory child protection legislation, and although what is included in each state or territory varies, overall eight ‘aspects of neglect’ are covered. These are abandonment, physical neglect, medical neglect, psychological neglect, developmental neglect, supervisory neglect, failure to provide guidance and educational neglect. The number of sub-types of neglect complicates defining the concept of child neglect.
3.1.9 Summary

This section has briefly reviewed the literature that considers conceptualisations and definitions of neglect and considered some of the difficulties around applying the concept of neglect in practice. A number of studies have identified the vagueness and ambiguity of the concept of neglect as obstacles for professionals working in the field of child protection (Horwath 2005).

Neglect is understood to differ from other forms of maltreatment in that it involves omissions in care that cause harm or risk of harm rather than acts causing harm or risk. It involves a number of types (for example physical, emotional, medical) and subtypes of each, but there is a lack of consensus about the extent and description of each. Further, the omissions in care need to be considered within the context of the child’s developmental level (Zuravin 1999). In addition issues around chronicity, whether harm or risk of harm should be included, whether intent is necessary and to what degree definitions are culturally determined complicate definitions.

A number of studies have demonstrated that poverty is a persistent correlate of child neglect (Daro 1988; Di Leonardi, 1993; Jones and McCurdy, 1992; Dubowitz, 1999). However, this fails to explain those families living in the same situation who do not neglect their children (Rose and Meezan 1993) and distinguishing poverty from child neglect definitions remains an ongoing challenge.
3.2 Influences on child protection decision making

In most contexts however, child welfare decisions are still the result of case-by-case deliberations, based on personal discretion of professionals who are entrusted with these decisions. Furthermore, evidence suggests that decision makers in the area of child welfare are not immune to biases and shortcomings evident in other areas of clinical judgement (Bebenishty et al. 2003, p. 285).

Parton (1996) has suggested that we lack insight into how social workers actually operate the child protection system, the ‘everyday practices of frontline workers or their descriptions of everyday practices’ (Smith and Donovan 2003, p. 542) occurring in organisational and institutional contexts. The current research study is interested in examining the ways in which child protection practitioners in the Northern Territory of Australia operationalise child neglect; how they go about their day to day practice of responding to, and making decisions about, notifications of child neglect. There is little research which looks exclusively at decision making in cases of child neglect; of necessity this section will also review research which looks more broadly at decision making in child protection.

The first part of this review explored the ambiguity and complexity associated with the concept of neglect, and highlighted the way in which neglect is defined depends on the purpose for which it is being defined. Definitions of, and responses to, allegations of
child abuse and neglect in child protection practice are allied to broader debates about the point at which the State may intervene in the privacy of families. That is, decision making is ‘affected by the socio-political context’ (Platt 2006, p. 9) which remains continually in conflict; experienced as problematic by both the practitioner and the organisation (Daniels 2003) and requires a balance of ‘personal and organisational influence on decision making, of systematic and intuitive decision making’ (Platt 2006, p. 9).

Decision making in child protection, as Daniels (2003, p. 22) reminds us is not an activity performed in ‘cognitive isolation’: it takes place in and is conditioned by particular social situations. Scourfield (2000) suggests that the worker’s own definition of child neglect is a social construction patterned on information received from the organisation, their professional training and the wider community. That is, that ‘practitioners draw on the culture to make sense of the presenting information’ (Wattam 1992, p. 13).

The interplay between characteristics of the case, the worker and the organisational and social context on decision making in child protection has been described as the ‘decision making ecology’ (Baumann Kern and Fluke 1997; Baumann et al. 2011). The decision making ecology identifies the various obligations the practitioner is mindful of as they go about their work. These include the organisation and the worker’s role within it, but also other affiliations based on culture, gender, class, ethnicity, ideology and personal history that pre-date their organisational membership.
The decision making ecology framework suggests that because decisions take place within an agency culture where a systemic context combines with case level decisions made by staff within and agency, decisions need to be understood within their context. Case factors are combined with external factors such as legislation, policies and procedures that govern what will be considered an appropriate response. The way that polices are translated into action is a function not only of the knowledge and skill level of the child protection worker ‘as well as the actual and perceived costs and benefits (outcomes) of the decision to the decision maker, the client and/or the agency’ (Baumann et al. 2011, p. 5). Research about decision making will be largely organised in relation to the various aspects of the decision making ecology: individual caseworker factors; case factors and organisational/system factors and external factors.
3.2.1 Case worker factors

3.2.1.1 Use of ‘Practice Wisdom’

Buckley (2000) describes child protection as ‘unreflective practice’; Stevenson (1998) observes a degree of anti–intellectualism among child protection practitioners and Featherstone (1997 p. 168) identifies a ‘retreat from theory’. This is in part a result of the need to assess and intervene without explicit operational definitions and in part because even with guidelines, such tools cannot hope to cover the complexities inherent in all situations a worker will encounter (Zielewski, Malm and Green 2006; Buckley 2000).

Research into social work decision making suggests that social workers use values, practice wisdom and procedural knowledge rather than theoretical and research knowledge when making decisions about children (Drury-Hudson 1999; Osmo and Benbinishty 2004; Osmond and O’Connor 2006; Gordon and Cooper 2010) and rely heavily on intuitive skills (Farmer and Owen 1995; Thorpe 1994; Daniels 2003). Jones (1993, p. 241) reviewed a number of empirical studies to identify variables workers used to guide their decisions, and noted that ‘practice theory, social policies and agency procedures have not provided a consensus on the criteria to guide decision making in child welfare’. Although there were methodological differences among the studies, making comparison difficult, Jones found there appeared to be agreement among
workers about the circumstances and indicators used at each stage of the decision making process, but concluded there were questions about the validity of the indicators used, since the ‘source of many of these indicators is the accumulated practice wisdom and knowledge of social workers’ (Jones 1993, p. 246).

Although practice wisdom is widely perceived as having lower status in terms of truth value compared to formal theories and/or research knowledge, Chu and Tsui (2008) argue that it is a critical component of knowledge in social work practice since it involves the ‘actualisation of social work values’ (p. 48). Chu and Tsui (2008) assert that professional judgement involves adopting a professional moral stance rather than simply arriving at a technical scientific decision. Ryan, Hawkins and Fook (2000) state that practice wisdom mediates between theory and practice experience and that, in applying knowledge gained in one context to another, practice wisdom is essential. Nonetheless, practice wisdom is tacit and not easily articulated. Scourfield and Pithouse (2006) suggest that some practice reasoning, such as that witnessing domestic violence is harmful to children, is now so well known amongst lay people that it has moved into the realm of common sense. They conclude that child protection workers ‘simultaneously draw on lay and professional sources for their knowledge-in-practice’ (p. 334).

Research exploring the types of knowledge used in child protection practice tends to use vignettes and/or in-depth interviews and this research has confirmed the continuing
importance of ‘practice wisdom’ in social work decision making (see Osmo and Benbinishty 2004; Gordon and Cooper 2010). Such studies are typically small-scale, and Australian research in this area is limited and is similarly largely confined to small qualitative studies. There is no Australian research that specifically explores thinking and decision making around child neglect.

These small scale studies focus attention on those aspects of the decision making process that are not immediately visible, nor able to be discerned from examining large data sets for factors which contribute to substantiating various forms of maltreatment. Despite being tied to a local context, they reveal that child protection workers across different contexts, rely on local knowledge and practice wisdom to make decisions in the real world ‘messiness’ (Pollio 2006, p. 226) that they daily encounter. However, what constitutes this specific practice wisdom in each location, how this leads to decisions that might vary from those that would occur through reliance on theory and/or research, or vary from specific practice wisdom gained in other contexts, is less clear.

Horwath (2005) investigated how child protection workers in one Health Board region in Ireland, covering both urban and rural areas, assessed cases of child neglect. This study investigated factors which impacted on practice with child neglect and explored how these workers perceived their practice. Horwath (2005) audited 57 child neglect case files; distributed an anonymous postal questionnaire to all 66 child protection workers,
attracting a 49 per-cent response rate; and held a series of focus groups with 34 workers. Horwath (2005) found that the team influenced the way in which workers assessed child neglect. The team practice wisdom suggested ‘the implicit team goal may be survival: the price paid is to take an approach which ‘underwhelms’ rather than ‘overwhelms’ workers; that is, to focus on immediate safety issues rather than ongoing concerns’ (Horwath 2005, p. 108). Individual subjective factors also exerted significant influence, particularly worker perceptions of mothers, and a desire for self-protection from aggressive carers (Horwath 2005).

Scourfield and Pithouse (2006) ethnographic study of the complex relationship between lay and professional knowledge of gender in social work practice took place in a socially deprived office in the UK. Data were gathered using observation of routine practice over a three month period, during which time in-depth interviews with social workers and documentary analysis of case files occurred. They concluded that ‘the role of professional knowledge can be considerably less important in guiding practice than the way that professional and lay knowledge combine’ (Scourfield and Pithouse 2006, p. 323). For example, the way clients were constructed was informed by social workers’ location in personal, occupational and wider cultural influences; in relation to their understanding of individual cases this included incorporating local community values and ‘lay knowledge about what is acceptable in different communities’ (p. 328). This suggests the categorisation of clients based on different standards for different communities.
Hoskins and White (2010) in a small scale qualitative study involving seven child protection workers in British Columbia, Canada, interviewed workers several times to understand how professional and personal identities influenced the way they made sense of child neglect. Hoskins and White (2010) found that critical to these child protection practitioners was their personal identity: how they perceived themselves and how they wanted to be perceived by others influenced what they saw as important in a case and what could be relegated to ‘the background’ (p. 45).

In a study exploring how child protection workers in urban Ontario exercise their autonomy in relation to everyday decision making, Parada, Barnoff and Coleman (2007) utilised an institutional ethnography: researcher reflection, documentary analysis and in-depth interviews with ten child protection workers recruited via a snowball technique. Parada, Barnoff and Coleman (2007) found that practice wisdom remained an important aspect of decision making in Ontario, despite the introduction of structured decision making tools. This finding has been replicated in the Australian context in a study discussed further below (Gillingham and Humphreys 2010).

Drury-Hudson (1999) compared expert social workers, those who had at least five years’ experience in child protection practice, with novice social workers, students enrolled in a social work course and those who had recently completed a placement in a child protection service, in South Australia. Subjects were recruited via a snowball technique and ten novices and eight experts took part in the study which involved participants
responding to a child neglect vignette and participating in a semi-structured interview designed to elicit the types of knowledge drawn upon to guide their response. Drury-Hudson (1999) found that expert social workers were more likely to state they drew upon theory, research and policy/procedural knowledge than novice social workers, although the relative weighting of this was unclear, and practice wisdom as a source of practice decisions was not explored. The focus of this research was on social work education and training, and thus the novice social workers, and the degree to which their education had prepared them to integrate social work theory and practice.

Darlington, Osmond and Peile (2002) in a study in Queensland, Australia, explored the use of theory in child protection practitioners understanding of child physical abuse. This involved twelve self-selected practitioners, who participated in two in-depth reflective interviews and one focus group. Whilst practitioners articulated the use of theory in their understanding of child physical abuse, personal and practice experience was a significant contributor to their understanding of the phenomenon.

Osmond and O’Connor (2006) undertook a small scale qualitative study with a convenience sample of ten social workers who worked in child protection in an Australian state. This study used multiple methods including in-depth interviewing, observation, unstructured interviewing and knowledge mapping to explore the extent to which these social workers used research findings and theory in their practice. The study found that the social workers ‘did not demonstrate a coherent, comprehensive
and elaborated theory and research base to their practice’ (Osmond and O’Connor 2006, p. 5).

Gillingham and Humphreys (2010) have explored how child protection social workers in Queensland make decisions following the introduction of a structured decision making tool. This much larger study drew on ethno-methodology to explore the unstated conditions that practitioners developed in relation to these tools. The researcher spent two weeks observing practice in six offices and interviewed forty six senior practitioners and managers about the tools and audited fifty one case files. The audit of case files indicated a practitioner ‘tendency to present what practitioners considered to be practice aligned to organisational norms and requirements’ (p. 2604) in contrast to how the practitioners spoke about the use of structured decision making tools in private talks and in in-depth interviews. That child protection workers resist conforming to attempts to standardise practice (or to standardise cases) and develop ways to work around the introduction of technologies designed to achieve this has been demonstrated by White, Hall and Peckover (2009) and Broadhurst et al. (2009). These findings echo Buckley’s (2000) observation about the distinction between the ‘formal blueprint for practice’ and what actually goes on (p. 254). Gillingham and Humphreys (2010) found practitioners drew upon practice wisdom to decide what to do since, in their assessment, the decision making tools overestimated risk by drawing upon historical factors which practitioners ‘knew’ to be resolved, failed to account for more current knowledge about the context
of family lives and oversimplified complex family situations, including failing to take account of poverty.

3.2.1.2 The problem of inconsistency and the influence of personal values

That personal beliefs around neglect are likely to be influential in responding to child neglect is suggested by research which shows people from differing occupations have used disparate definitions of neglect and that professionals tend to rate neglect less seriously than members of the community (Giovanni and Beccerra 1979; Birchall and Hallett 1995; Rose and Meezan 1996).

In the United States, Craft and Staudt (1991) compared perceptions of neglect among lay people and child protection practitioners, asking the former whether they would notify a situation of neglect and the latter whether they would substantiate. They found only a moderate association between the likelihood of items being reported by lay members and then substantiated by child protection workers leading them to conclude that agency practices were not in synchrony with community norms.

Rose and Meezan (1996) explored the perceptions of the seriousness of nine components of neglect held by 131 mothers from three cultural groups recruited from day care centres across Chicago in the United States with those held by an accidental sample of 123 public child welfare workers in Chicago. Drawing on earlier research by
Giovanni and Beccara (1979), Polansky (1972) and the research team’s practice experience, sixty-six vignettes were developed covering nine dimensions of child neglect. Participants were asked to rate the seriousness of each statement on a five point Likert scale. Rose and Meezan (1996) found that although workers and mothers agreed that the most serious forms of child neglect were exploitation and inadequate supervision, and the least serious were inadequate clothing and shelter, mothers consistently judged all allegations of neglect as more serious than workers did. The mothers judged a lack of emotional care as more serious than the workers did, and workers judged a lack of physical care as more serious than did the mothers. Rose and Selwyn (2000) replicated this study with forty two mothers recruited from four mother support groups and twenty six child protection social workers in an English city. Again the mothers consistently rated all vignettes as more serious than did the workers, although all agreed that the most serious allegations related to inadequate emotional care. These studies also suggest that what is considered to be child neglect varies across both place and time.

One significant limitation of these studies exploring differences between lay people and child protection workers is that the definition used by child protection workers in day to day practice is not specified, and despite the influence of personal values on decision making, workers are also influenced by other factors in the decision making ecology such as organisational definitions. Further, mothers (who are usually the community members involved) may answer questions based on some ideal of care they desire for
their children, regardless of their own behaviours or capacity to reach this goal (Polansky et al. 1972) or because workers become inured to the harm posed by neglect due to the overwhelming number of neglect cases and the difficulty in intervening successfully in chronic neglect cases (Abu El-Haj 1996).

In addition to exploring the differences in the way professionals and community members make sense of child abuse and neglect, another strand of research has been to explore the differences in views about child abuse and neglect which exist amongst professional groups. Birchall and Hallett (1995) set out to investigate whether professionals reported similar views of the severity of the same incident illustrated in vignettes: they found that cases of emotional abuse and neglect caused the most disagreement. Wide variations within the same occupational group suggested that ‘the dispute is about personal values rather than professional ideologies’ (Birchall and Hallett 1995, p. 135)

Turney and Tanner (2001) and Horwath (2005) found that child protection practitioners find neglect a particularly difficult area of practice partly because of the ‘diverse operational definitions of neglect that often results in a lack of agreement about basic standards of care’ (Turney and Tanner 2001, p. 194-5) but also because social workers find judgements about neglect to be ‘value laden’, and involving the ‘pathologising of already disadvantaged families’ (Turney and Tanner 2001, p. 194-5). Daniel (1999) found considerable lack of consensus around neglect cases, and concluded:
It would seem that there is not a clear received wisdom about neglect, this may be due to a lack of guidance and training, but it also could be due to the tenacity of personal belief (p. 180).

Zielewski, Malm and Green (2006) examined how three urban child protection agencies (in three different states) in the United States responded to reports of children taking care of themselves, and how workers determined whether this should be assessed as child neglect. Using interviews and focus groups with child protection workers, they found that even where there were fairly clear guidelines around supervisory neglect, in this case a legal age at which a child can be left alone, practice responses were largely subjective. Although all of the workers attended to similar issues, such as the health and/or disability of the child, maturity or the presence of a safety plan, the subjective interpretation of these issues meant that practice responses varied between workers.

The influence of personal values and practice wisdom is allied to a key theme (one could say a pre-occupation) in the research literature around child protection decision making, that of the lack of consistency. Differences are highlighted in decisions made between workers and offices in relation to the way maltreatment is understood, in thresholds for entry into the child protection service, in the decision to substantiate and in the type of intervention plans recommended. According to Rawson (2002, p. 120) there is always going to be an ‘insoluble paradox’ between the desire for consistency and evidence based standards and practice environments that are unique. However, it should be
noted that concern about the ‘problem of consistency’ is not confined to child protection practice: considerable research in the medical and nursing literature explores this too, and, as in child protection practice, has led to the introduction of guidelines and decision supports (Kawamoto et al. 2005). However, research has also found that, like child protection workers (Gillingham and Humphreys 2010), doctors fail to rigidly adhere to practice guidelines.

Although the child protection literature largely sees the lack of consistency as a problem, Falzer and Garman (2010) comment, in reference to medical practice:

There is a naïve belief, commonly expressed in the services and informatics literatures that clinicians should function as transducers who take knowledge and implement it without friction or discontinuity (p. 548).

Falzer and Garman (2010) argue this view fails to acknowledge that sometimes deviating from the guideline is clinically indicated: the challenge is to distinguish when it signifies suboptimal practice, rather than assume this. Falzer and Garman (2010) found medical practitioners are more likely to follow guidelines when the patient they are treating more closely resembles the patient characteristics illustrated in the guidelines, where compliance reaches ninety percent. When the patient does not (for example, may be homeless) compliance drops to as low as thirty percent. This highlights that even where guidelines are well developed, decisions are made on a case by case basis in response to the particular characteristics of the patient and the social context.
While the issue of inconsistency is raised across a number of health and community service practice areas, it is difficult to discern what an acceptable level of inconsistency (or disagreement) might be. This is particularly relevant since in the case of child neglect what is not clear is the concept itself. In relation to neglect, more disagreement than around the meanings of other forms of maltreatment has been demonstrated (Birchall and Hallett 1995; Rossi, Schuerman and Budde 1999; Schuerman, Rossi and Budde 1999; Daniel 1999; Tanner and Turney 2003; Horwath 2005).

Schuerman, Rossi and Budde (1999) explored decision making around child placement decisions in the United States by comparing the decisions made by experts (including academics and senior practitioners) in the field with those made by child protection workers. Twenty-seven experts were chosen on the basis of prominence in the academic field of child protection, or because they were considered to be senior experienced practitioners. Using a variety of recruitment methods, 103 child protection workers participated from three urban offices in Michigan, New York and Texas. Each expert was asked to read seventy vignettes and respond to two placement questions. Using a postal questionnaire, each child protection worker was asked to respond to eighteen vignettes and respond to two placement questions. Agreement was higher for cases that were at either extreme, that is, that maltreatment was severe or that the notification was about ‘relatively insignificant problems’ (Schuerman, Rossi and Budde 1999, p. 615). It was cases occupying the ‘middle ground’ that resulted in most disagreement. Schuerman, Rossi and Budde (1999) found although participants
appeared to take account of the same pieces of information about the case, and combine them in similar ways, their individual cut off points or threshold (in this case around the placement decision) differed indicating that factors other than those related to the case influenced decision making.

Schuerman, Rossi and Budde (1999, p. 614) concluded:

Our most important (and disappointing) finding was that overall agreement among experts on such decisions, although better than chance, was below levels that would support clear and positive identification of standards based on expert consensus.

The authors do not indicate what the acceptable level of agreement to such determine standards would be, and nor do they report on level of agreement within specific jurisdictions; this latter point is important since definitions of maltreatment types and thresholds for statutory intervention differ across jurisdictions.

In a second study Rossi, Schuerman and Budde (1999) studied decisions made by experts and child protection service workers concerning a sample of serious abuse and neglect cases. They found that allegations of neglect were less likely to lead to custody decisions, and:

faced with the same cases experts varied among themselves and were weakly more consistent in decision making than frontline workers. Although there appeared to be some general principles used in making decisions, in the sense
that certain characteristics of cases (especially prior complaint record) played important roles in custody decisions, workers and experts varied widely in how each weighed those characteristics in making decisions. Experts and workers appeared to use the same scale in making judgements but varied widely in the threshold values on that scale that triggered custody or service decisions (Rossi, Schuerman and Budde 1999, p. 596).

Horwath and Bishop (2001) and Horwath (2005) found considerable variation in what the term ‘good enough parenting’ meant amongst thirty Irish child protection social workers employed in one regional Health Board in the Republic of Ireland, who participated in a study designed to explore practitioner understanding of child neglect. This study used case scenarios and focus groups to explore this issue, and conducted a case audit of fifty seven child neglect cases. Horwath and Bishop (2001) found that good enough parenting sometimes meant on the ‘borderline’ between harmful and not harmful, and sometimes it reflected Winnicott’s (1964) original meaning of a facilitating parenting environment that enabled a child’s needs to be met. They found a lack of common understanding of child neglect, with variation in agreement about child neglect from office to office, and at times, worker to worker.

Although the focus in the research literature is on disagreement among child protection practitioners, Stone (1998) in an urban area of England explored a convenience sample of thirty one child protection practitioners’ perceptions of neglect using short vignettes.
He found a consensus of definitions of physical and emotional neglect that focused on a child’s primary physical needs such as food, clothing shelter and medical care - although a major limitation of this study is that it did not explore what thresholds would trigger intervention.

Although these English child protection practitioners in the Stone (1998) study identified a large number of factors that they used to identify neglect, they rarely mentioned supervision. Leaving a child unsupervised is the most common form of reported neglect in the USA (Hildyard and Wolfe 2002), and in Ireland (Horwath and Bishop 2001). It is difficult to know whether the failure to identify neglect amongst English practitioners reveals national cultural differences in what is considered acceptable parenting and what is understood as neglectful parenting, making difficult the applicability of studies across different countries.

The difference in how neglect is understood also varies within countries. In reviewing a number of supervisory neglect typologies that have been developed in the United States, Coohey (2003) identified the lack of agreement among researchers and states on what should be considered a supervision problem. For example, although most authors agreed that ‘allowed, encouraged or forced a child to engage in a harmful activity’ was a supervisory neglect problem, they differed on what they considered a harmful activity (Coohey 2003, p. 147). Coohey (2003) designed a case control design study carried out in one county in Iowa in the United States, to tease out the how child protection
workers identified risk in all cases that had been substantiated for supervisory neglect. Coohey (2003) compared the 113 cases which had been substantiated and placed on a high risk register, with the 45 cases which had been substantiated and not placed on the register. Coohey (2003) found that the cases placed on the register were more likely to involve children who had been physically harmed as a result of neglect; had mothers who took no responsibility for the neglect; lacked extenuating circumstances to explain the neglect; involved mothers who were victims of domestic violence and where there was prior child protection services involvement. This study demonstrated that risk was understood in these child neglect cases with reference to the context of the children’s lives rather than the specific incident of supervisory neglect that was reported. Given the attention paid to an individual child’s context it is not surprising that a lack of consistency in decision making occurs.

3.2.1.3 Errors in reasoning: intuitive decision making

In response to repeated public inquiries into child abuse tragedies in England identifying faults in professional decision making, Munro (1999) examined all available child abuse inquiry reports published in England and Scotland between 1973 and 1994. A total of forty five reports covering formal inquiries auspiced by a variety of agencies including local boroughs, regional health boards and the national Department of Health were examined. Munro (1999) applied a quantitative content analysis in which criticisms of professional practice were identified and categorised according to the type of error
noted. Firstly, Munro (1999) found that a practitioner’s first impression of a family had an enduring impact, and was the lens through which new information was considered. Secondly, practitioners were sceptical about information that conflicted with their view of the family and were uncritical when information was supportive of their view. Thirdly, where initial assessments were revised, an injury to the child, coupled with a referral about this injury from a professional was required to trigger review. Finally, there were considerable issues related to how practitioners made sense of the evidence. There was a focus on the present; a failure to take a longer term view or consider past history; research on child maltreatment was under used, including failing to recognize the significance of known risk factors and failing to identify these in cases to hand; information provided verbally was noticed more than written reports and decisions were based on a limited range of evidence and information from a number of sources (including the case files) were rarely integrated. Munro (1999) concluded that errors in child protection work are not random but predictable on the basis of research of how people intuitively simplify reasoning processes in making complex judgements.

Daniels (2003) studied decision making in an urban child protection service in Texas in the United States. Daniels (2003, p. iii) explored how people involved in the investigation of child maltreatment ‘think and feel about the process of weighing evidence and drawing conclusions from it’. This qualitative study involved interviews with 20 child protection workers, asking them to describe cases that had been particularly difficult for them because of conflicting and/or ambiguous evidence.
Daniels (2003, p. 6) contends that much of the research on judgement and decision making proceeds from the assumption that the choices human beings make in practical situations are, or ought to be, rational. However, researchers have repeatedly found that people fail to be rational in the judgements they make. In his study, Daniels (2003) concluded that case deliberation uses both intuitive and analytic decision making styles, but that there is a general movement from intuition to analysis as a case ascends the decision making hierarchy. Intuition, according to Daniels (2003, p. 46), ‘saves cognitive bother by quickly narrowing the range of decision alternatives’ paralleling the finding by Munro (1999) that first impressions not only have enduring impact, but limit what is then available to be seen in a case.

Intuitive decision making is partly guided by personal experience and personal values, and prone to error because of that. According to Hogarth (2001) intuition is the interaction between two learning systems: the deliberate, which processes information in conscious working memory, and the tacit which is automatic, requiring no expenditure of cognitive resources, and takes place below consciousness. Intuition comes about through deep familiarity with a particular environment (Daniels 2003, p. 47) and is often called upon when there is time pressure, the stakes are high, information is inadequate and goals are unclear.

Whilst efficient, intuition is prone to error, especially when the decision maker lacks experience, or rigidly commits to a mental model that should be discarded in the face of
new evidence (Daniels 2003, p. 49). In part this is because some information is given
determinative value: Nisbett et al. (1982) speculate that emotionally interesting
information is likely to be over weighted because it calls up existing schemas or scripts.
One then follows that script, ‘losing sight of the evidence at hand’ (Daniels 2003, p. 51)
Other researchers (see Tversky and Kahneman 1982) demonstrate that people equate
likelihood with representativeness, and that intuitive decision makers fall prey to an
availability bias, which results in decision makers assume probability of an event
occurring on the basis of the ease by which instances of the even come to mind. The
psychological research on intuitive decision making has implications for child neglect cases.

Ayre (1998, p. 201) set out to examine how the phrase ‘significant harm’ was used in
practice by experienced health and social work staff in Bedfordshire, England. Using
semi-structured interviews with 25 health and social work staff, with at least seven
years’ experience in working with child protection cases, Ayre (1998) focussed on recent
cases where participants had made a judgement about significant harm. In total, 40
cases were generated from the interviews, 14 of which concerned neglect. He found
that neglect cases were frequently characterised by lengthy periods of inadequate care,
where each episode lacked a ‘trigger incident’ to cross the assessment threshold of
significant harm. However, the focus on the present, including the failure to read all
information about all reported incidents which were themselves scattered throughout
case files, meant that neglect cases were frequently not accepted for service. In a
review of empirical studies noted previously, Jones (1993) concluded that neglect lacked the sense of immediacy and urgency which precipitated a child protection response.

Daniel and Baldwin (2001) studied assessment practice in cases of child neglect in three agencies with child protection responsibilities in Scotland. The study involved a systematic examination of thirty (or ten per-cent) of all case files where there were long standing issues primarily about child neglect; the distribution of a questionnaire to all child protection practitioners to establish their views about the state of assessment practice in child neglect and three focus groups exploring practice with cases of child neglect. The case file analysis confirmed the findings by Ayre (1998): information about assessment was dispersed through the file, and across a number of files and rarely integrated (focus on the present) leading to practitioner difficulty in assessing when neglect referrals had crossed the threshold and become neglect cases. The work by Tversky and Kahneman (1982), Munro (1999) and Daniels (2003) suggests that intuitive decision making styles may work to minimise case of child neglect which lack the drama of other types of maltreatment (Buckley 2000); they frequently require integration of information from a number of sources including case files, different workers and agencies (Ayre 1998; Daniel and Baldwin 2001).
3.2.2 Case features

3.2.2.1 Harm and evidence

The decision to substantiate the presence of child maltreatment has been shown to be influenced by the severity of injury (Jones 1993) where at least moderate harm, moderate risk and sufficient evidence of harm or risk is present (Coohey 2003; Cross and Casanueva 2009).

Platt (2006) examined decision making by social workers when considering referrals of children in two child protection agencies in England. In particular, this study focussed on how social workers assessed ‘borderline’ cases. Platt (2006) used in-depth interviews to discuss these ‘borderline’ cases with a purposive sample of fourteen child protection workers. Platt (2006) found the decision to accept a child protection referral for investigation was influenced by: the specificity of the harm; the severity of the harm; the risk of future harm; the extent of corroboration and whether parents could be held accountable. Platt (2006) concluded this requirement to see actual injury, excepting when the referral was about sexual abuse, tended to screen out neglect cases, unless a history of neglect for extended periods could be documented and corroborated. In addition, the requirement to see actual injury screens out emotional neglect, which is particularly difficult to identify, occurring as it does over time, and because it lacks ‘critical incidents’ (Glaser 2002).
Using data from the Canadian Incidence Study of Reported Child Abuse and Neglect, which tracks maltreatment investigations in sixty-three of four hundred sites across Canada, Trocmé et al (2009) examined the profiles of a national sample of 10,010 investigations to determine the most important predictors of case substantiation. Using multivariate analysis, Trocmé et al (2009) found that cases where multiple types of maltreatment were reported; severity of harm, parent risk factors, housing risk factors and referrals from the police predicted substantiation. However, a major limitation of this study is that it did not include reports that were screened out and did not receive an investigation.

In the United States, Cross and Casanueva (2009) used the National Survey of Child and Adolescent Wellbeing, a nationally representative sample (n=4515) of children and young people who were reported to child welfare services in 1999 and 2000, to also explore how caseworker judgments of harm, risk and evidence predicted substantiation. Caregiver and child protection worker interviews were supplemented by a twenty nine item risk assessment instrument using the child’s case record. Cross and Casanueva (2009) found a linear relationship between harm, risk, evidence and substantiation so, for example, at moderate or higher levels of harm a higher proportion of cases were substantiated. Across all abuse types evidence was the strongest predictor.
In contrast to other types of maltreatment, neither harm nor risk predicted substantiation for cases of physical neglect, *only* evidence did. If evidence that parents could be held accountable was judged to be insufficient, substantiation rates were small even where harm was severe. Cross and Casanueva (2009) found this led to approximately ten per cent of cases reviewed not being substantiated despite moderate to severe harm being present. In this study, cases of physical neglect were more likely to be substantiated for children aged 6-10 years than for children aged 0-2 years, which contrasts with earlier research which suggests that the vulnerability of a child, such as being under two, triggers investigation and substantiation (also see Jones 1993). Although the finding that ten per cent of cases were not substantiated despite harm is considered an error of judgement, Baumann, Kern and Fluke (1997) suggest that this is likely to be a function of a complex set of interacting factors related to the case, available resources, policy, worker and community factors.

Ruiz-Casares, Trocmé and Fallon (2012) looked at decisions around child neglect in Canada, noting that little is known about how child protection workers assess harm or risk of harm in making investigation and intervention decisions in cases of supervisory neglect in Canada. Fifteen per cent of all substantiated maltreatment cases in 2008 were for neglect, and of these, forty four per cent involved failure to adequately supervise (Ruiz-Casares, Trocmé and Fallon 2012). Supervisory child neglect is defined in terms of caregiver behaviours that lead to harm or place children at risk of harm, although as the authors’ note, in some the focus varies across jurisdictions with some
placing more emphasis on the care giverBehaviour and others on the effect of inadequate supervision on the child (Ruiz-Casares, Trocmé and Fallon 2012).

The 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) tracked a sample of 15,980 investigations involving children up to fifteen years of age in 112 sites across Canada (Ruiz-Casares, Trocmé and Fallon 2012). Of these cases, 6,163 involved cases which were substantiated for maltreatment. Cases which involved substantiation solely for ‘exposure to domestic violence’ were excluded, leaving 4,159 cases of substantiated maltreatment. Cases of primary supervisory neglect were compared to ‘other’ neglect cases, and to physical, sexual and emotional abuse cases; supervisory neglect cases with and without physical harm were compared on a number of child, caregiver and environmental factors related to child injury and supervision. Ruiz-Casares, Trocmé and Fallon (2012, p. 478) found that 96 per cent of all substantiated cases of supervisory child neglect did not involve any physical injury to the child at the time of the notification or during the investigation period, leading them to conclude that:

The low rate of substantiated child neglect cases showing visible harm raises questions about the threshold used for substantiating supervisory neglect....a question emerges on the comparability of criteria used across individual health and social work and agencies, as well as the extent to which those take into account a variety of specific circumstances or cultural and social class differences and norms affecting “acceptable” patterns of child care...The relatively low
threshold for substantiation of supervisory neglect in Canada potentially raises concerns that differences in family practices, in particular cultural differences, rather than clear evidence of harm or potential harm, may be driving some child welfare investigations (p. 478).

3.2.2.2 A focus on parental behaviour

In a review of the literature noted earlier, Jones (1993) found where physical evidence of injury is not available the reaction of the parent, including parental compliance and cooperation with the workers, is critical in substantiation decisions, often to the exclusion of a focus on the child (see also Ayre 1998; Buckley 2000; Benbenishty and Chen 2003; McConnell, Llewellyn and Ferronato 2006).

In her review of child abuse inquiries Munro (1999) found the first impression of parents had an enduring impact and families were rarely re-assessed, or this first impression challenged by new information. Social workers who had formed a good impression of the family were likely to treat any new referral, or alternative view with scepticism. The first impression was frequently not ‘informed’ by all the evidence available. In a study cited previously, Ayre (1998) found that information about neglect was frequently scattered throughout files, workers and agencies, but never combined to provide a coherent picture. Of the over 400 factors identified as influencing worker decision making in this study, only 100 related to the child; 193 related to the parents, their
behaviour and presentation. Workers frequently relied on their perceptions of the parent’s physical appearance (see also Alter 1985; Di Leonardi 1980) particularly in the absence of direct physical evidence of abuse, as is frequently the case in neglect referrals.

Buckley (2000b, p. 253) investigated the ‘contextual factors which impacted on the identification, investigation and management of child abuse cases’ in Ireland’s largest Health Board region. All referrals to the child protection team over a six month period were reviewed (72 cases), and those referrals which became ‘cases’ followed up for six months (17 cases). Analysis of these latter cases was supplemented by in-depth interviews with the child protection workers involved. In addition Buckley (2000b) observed case conferences and team meetings. Buckley (2000b) found that 76 per cent of child neglect cases were filtered out and that this was less to do with the presenting concern, and more to do with the context in which the concern was identified. A history of poverty and neglect, pessimism about the value of intervention, the reputation of the family and anxiety about the impact of a child protection investigation on the family all influenced decision making which, Buckley (2000b) suggests reflects ‘different value systems and experiences’ (p. 257).

Buckley (2000b) also found that the determining factor in whether cases were allocated for further intervention was the parent’s attitude, primarily their respect for the statutory intervention, their cooperation and their expression of contrition for their
parenting inadequacies, and not their ability to keep the child safe. This tendency to focus on parents resulted in assessments of change involved intangible factors such as ‘improved attitudes’ or ‘making more effort’ which, according to Ayre (1998, p. 201) may ‘blind us to the unacceptable danger or squalor that remains’ and what the effect of this was for the children.

Horwath (2005) in a study referred to earlier, investigated how child protection workers in one health board region in Ireland assessed cases of child neglect. Horwath (2005, p. 104) found where the referral was concerned with neglect, and the parents were identified as aggressive, social workers ‘would tolerate standards of care we would not accept among less aggressive carers’. Buckley (2000b) also found a clear pattern of avoidance of men’s violence, reflective of social and cultural expectations about men’s and women’s roles, but also ‘out of self-protection, in an occupational framework which has not come to grips with unsafe aspects of the job’ (p. 257).

In part this focus on parental compliance was related to a worker’s sense of being able to achieve an outcome from involvement with the family. Parental compliance, evidenced by attending appointments and understanding the child protection worker’s concerns is equated with insight, and without insight workers perceive little hope of improving the situation (McConnell, Llewellyn and Ferronato 2006). McConnell, Llewellyn and Ferronato (2006) reviewed all care proceedings in 285 cases by the New South Wales child protection service conducted in two Children’s Courts in Sydney,
Australia over a nine month period; this totalled 285 cases. Invitations to participate in a group interview were sent to all child protection workers involved in making an application where the parent had an intellectual disability. Seventeen group interviews involving 155 child protection workers from twenty offices were conducted to explore the reasons which influenced the Court application. These cases overwhelmingly concerned issues of neglect: cases of physical, sexual or emotional abuse were rare. They found where parents are appropriately cooperative, workers appear more willing to adapt to their view of the family, and the likelihood of the child remaining with the family increases (see also Dingwall, Eekelaar and Murray 1983; Handelman 1983; Bebenishty and Chen 2003).

Child protection workers have also been shown to be sensitive to the impact of an investigation on families (Wolock and Horowitz 1982) particularly ‘pathologising’ disadvantaged families. Dread of ‘devastating a family by their intervention’ oriented workers in Buckley’s (2000b) study towards the construction of ‘whatever evidence was available in a positive light, and made them disinclined to search for more information which could potentially discredit that view’ (p. 255).

All of the decisions employed a high level of sense making, which invoked different personal value systems and experiences. In practice, the balance more often than not swung towards non-intervention when the pros and cons were weighed up against each other; the potential for effective change as against the
uncertainty, upset and aggression which would be met if parents were confronted with an accusation of child maltreatment (Buckley 2000b, p. 255).

3.2.2.3 Cultural background of the family

Welbourne (2002, p. 345) explored ideas of culture and ethnicity in the context of child abuse as they are discussed in the literature. She notes that despite cultural competence being a key principle in child protection practice, the published literature is ‘surprisingly small’ and tends to focus on stressing the importance of cultural competence to practice rather than exploring with child protection workers how they unpack culture or approach cultural difference in their work. After reviewing the literature on culture and child maltreatment over a 20 year period, Korbin (2002) asserts that although culture is often used as the independent variable to explain differences in the incidence of maltreatment, rarely are the specific cultural practices which ostensibly give rise to these differences specified. In a review of the literature on African children’s involvement with the child protection system in Britain, Bernard and Gupta (2008) also note the paucity of research and conclude that much decision making around cultural minority families involves the reification of culture and operates from a cultural deficit model. Bernard and Gupta (2008) also found cultural stereotyping, with social workers not immune from media stereotypes about minority families. In addition, fear of being accused of racism leads to a lack of detailed assessment of individual needs, loss of
focus on the child and a failure to make necessary judgements which they describe as subtle and unintended racism.

Research on the impact of culture on child protection decision making in Australia is scant: McDonald et al. (2011), in an audit of research undertaken during 1995-2010 in Australia, found very few projects that related to families from culturally and linguistically diverse backgrounds, or projects that explored child protection practice with Indigenous families. The focus of international research concerning culture and child protection practice is dominated by the issue of overrepresentation of ethnic minority groups, rather than exploring how child protection workers approach cases with families from minority cultures.

In a project undertaken for the United States Department of Health and Human Services to explore practice issues in relation to the overrepresentation of African American children, Chibnall (2003) commented that this issue has largely been described using administrative data to provide information about incidence and prevalence to document overrepresentation. However, little attention has been paid to the context in which overrepresentation occurs. The study by Chibnall (2003) involved nine child protection agencies across eight states in the United States, and involved site visits of at least a week. During the site visits individual interviews and focus groups were held to explore the issue of overrepresentation with child protection workers. Child protection workers reported particular difficulty in their work with African American families
because they were largely referred for neglect and lived in situations of disadvantage. This was further complicated because these workers assessed they lacked a sound understanding of African American cultural norms and practices around parenting, and expressed confusion about differentiating neglectful or abusive practices from culturally normative practices. Lacking a sound understanding of what constituted African American cultural norms, child protection workers relied on cultural stereotypes.

The issue of cultural stereotyping and lack of detailed assessment of a child’s needs raised by Bernard and Gupta (2008) was also highlighted as a critical issue in Britain’s Victoria Climbé Inquiry, instituted following the death of Victoria, a child originally from the Ivory Coast in Africa. The Inquiry Report identified examples of stereotypical assumptions contributing to the lack of an effective protective response (Laming 2003). Hesitation about intervention into culturally marginalised groups has also been demonstrated by Cemlyn (2000). Cemlyn (2000) explored the issue of how to provide ‘anti oppressive practice’ with Traveller families in the England, where notifications to the child protection service cluster around neglect issues. Traveller peoples, also called Roma and Gypsies across Europe, have ‘experienced persecution and pressure to assimilate and deny their culture’ (Cemlyn 2000, p. 328). This study involved forty three semi-structured interviews with Traveller families and practitioners from both the child protection and voluntary service sector. The study highlighted the complex issue of how to assess ‘good enough parenting’ in cross-cultural situations, and especially where the history of involvement between a particular minority group and social work services is
characterized by mistrust. Cemlyn (2000, p. 327) found child protection workers were ‘hesitant about intervening in case it was discriminatory’, and accepting care practices within Traveller families that would not be acceptable in the wider community. Those professional groups involved in the non-statutory sector were less constrained about identifying Traveller family care as inappropriate, perhaps as a result of having had a different history of involvement, and were concerned about the culturally relativist position of child protection workers which they believed potentially ignored children’s needs (Cemlyn 2000).

Cemlyn (2000) also draws attention to the highly politicised nature of the relationship between Traveller families and child protection agencies. In particular Cemlyn (2000, p. 332) drew attention to the threat to remove children from families, and the ‘actual (and sometimes systematic) removal’ of children have formed part of the Travellers’ historical experience of the State in Britain. This history may also influence workers. Cemlyn (2000, p. 332) suggests the desire ‘not to discriminate may be leading to higher thresholds for involvement, and a lesser standard for what is considered ‘good enough parenting’ in cases of child neglect’. The hesitation to intervene in Irish traveller families was noted by Buckley (2000b) in a study discussed previously, who contends that despite what is known about the disadvantages and hazards presented by Irish Traveller families, child protection workers in this study were reluctant to grapple with the dilemmas presented. The method of dealing with referrals about such families usually involved discounting the concerns and adopting a culturally relativist approach
which led to non-intervention. Webb, Maddox and Bongilli (2002) explored in detail three individual case histories involving African children in Britain in order to illustrate that discrimination may not only lead to overrepresentation, but to a lack of needed service provision for cultural minority families. They highlighted that a lack of understanding of different cultural parenting norms led to assumptions that potentially harmful behaviour represented ‘culture’ and thus intervention was not warranted.

Whilst it has been suggested (in Australia) that the legacy of the Stolen Generations impacts on the way child protection workers approach their work with Indigenous families leading to a reluctance to intervene and the excusing of inadequate care on the grounds of culture (see for example Stanley, Tomison and Pocock 2003), there has not been any research which demonstrates this, or explores how child protection workers approach their work with Indigenous families. At the same time as suggestions of reluctance to intervene, the overrepresentation of Indigenous families in the child protection system has been described as ‘alarmingly high’ (Tilbury 2009, p. 62). This complexity mirrors that found by Chand (2000) in a review of research about child protection practice with African American families in the United Kingdom, which suggested a pathologising of these families leading both to unnecessarily coercive intervention and a cultural relativist approach which failed to respond to children in need.
3.2.3 Organisational and system factors

3.2.3.1 Neglect not prioritised in an incident based system

Stevenson (2007) notes that the child protection system struggles to work well with cases of child neglect and cumulative harm, and explains that in an incident driven system, neglect is difficult to ‘prove’:

It is widely acknowledged that professionals may feel a sense of relief when there is an ‘incident’ or a ‘happening’ in a particular family (whether of physical or sexual abuse) which is seen to legitimate action for children about whom neglect has been a primary concern (p. 1).

Pitcairn et al. (1993) in a qualitative study, explored the significance of parenting assessments by social workers in an urban child protection agency in England. The study reviewed forty three cases which had been identified as being of concern because of physical abuse. The study compared accounts of parents and social work assessment of parenting against pre-defined categories of parenting. The categories included affection, physical care, protection, stimulation and discipline. In analysing these cases the study found that the parenting styles of many of the parents could be characterised as neglectful. However, the focus of interventions was on the prevention of further injury, and the harm caused by the day to day management of the children failed to be addressed, or perhaps even seen:
It would seem that the present child protection system frequently failed to identify and address the needs of children who could be significantly harmed by the neglectful context of their lives. (Pitcairn et al. 1993, p. 85)

Research has demonstrated that physical and sexual abuse are more likely to trigger an investigation, because Jones (1993, p. 247) suggests in her review of child abuse literature, they ‘carry with them less ambiguity... and... a sense of urgency that danger is imminent...’. Allegations that are notified by mandated reporters are more likely to be responded to than reports by members of the general community, perhaps because they either have greater credibility, or offer a stronger narrative containing cues likely to trigger a response (Jones 1993).

As discussed previously, Ayre (1998, p. 201) looked at how the phrase ‘significant harm’ was made sense of in practice in cases of neglect, and highlighted that because neglect lacked a ‘trigger incident’ which demonstrated that some threshold for significant harm may have been reached, and was characterised instead by a lengthy pattern of inactions sufficient to trigger intervention, neglect often failed to meet the ‘harm criterion’.

Buckley (2000b, p. 255) found seventy six per cent of ‘neglect’ referrals were filtered out of the system in her study and concluded that this decision had ‘less to do with the nature of the reported concern or incident than it had to do with the context in which the concern was identified’. Where there was a history of long term neglect, and the
cases lacked the drama of a trigger event, there was less likelihood cases would receive a child protection response, a finding also supported by Tanner and Turney (2003).

Williams et al. (2011) identified the correlates of maltreatment substantiation in infants under one year of age. This study used a standardised questionnaire, in order to respond to the differences in practices and legislation, completed by child protection workers from fifty three agencies across Canada at the conclusion of the intake investigation. Williams et al. (2011) found that whilst neglect was most frequently the type of maltreatment notified and investigated, neglect had an inverse relationship with the substantiation decision and concluded ‘neglect, as a collective group, decreased the odds of substantiation’ (p. 1351).

Tanner and Turney (2003) in their review of the literature about what is known about child neglect, found that because chronic neglect is a way of life, rather than an incident characterized by unremitting low levels of care for children, social workers can find themselves getting drawn in and ‘used to a level of care that if encountered in a new situation would strike them as unsatisfactory’ (p. 26). This finding is supported by Ayre (1998) and by Allsopp and Stevenson (1995) who identified that social workers working with families for lengthy periods of time find it hard to identify a ‘point of no return’ where statutory intervention is required, engendering a kind of professional paralysis.
3.2.3.2 Orientation: child protection or child welfare?

Decisions are also influenced by what the agency and the workers consider their primary role: supporting families or policing them (Pitcairn et al. 1993; Gibbons, Conroy and Bell 1995; Bell 1999; Munro and Calder 2005). This strongly influences gate-keeping decisions about whether the situation as presented is something that the agency should respond to. Khoo, Hyvonen and Nygren (2003) suggest that in addition to deciding ‘is this abuse or neglect?’ workers are also asking ‘Is this child in need of protection?’, or, as Scott (1998) puts it- do we have a case?

Khoo, Hyvonen and Nygren (2003) explored gate-keeping at intake with two groups of social workers working in urban child protection offices in Canada and in Sweden. They conducted focus groups to investigate how the child protection social workers approached referrals and found that each group was asking different questions: in Sweden the social workers were asking ‘How is the child? Is the child at risk of harm and can we help?’ In Canada the primary question was ‘Is this child in need of protection as defined in the legislation?’ As a result of the different intake questions, cases of neglect were more likely to be ‘screened in’ in Sweden than in Canada.

Similarly, Brandon, Lewis and Thoburn (1996) explored thresholds for interventions and interpretations of ‘significant harm’. The study tracked 105 cases from four local authorities in England for twelve months after the initial child protection conference.
This involved file analysis, attendance at case conferences and interviews with child protection social workers and a sample of parents. The study found that the way a case was processed was critically influenced by whether the child protection social workers and team leaders saw their role as ‘primarily child protection’ or ‘in need’ work. For those that adopted a ‘child protection’ focus, services tended not to be provided until a ‘specific episode of maltreatment’ met the threshold of intervention. Brandon, Lewis and Thoburn (1996) suggest that the system prioritizes some sorts of harm over others: child protection systems which have as their imperative the classification of risk, rather than the assessment of need, tend to filter out neglect cases.

3.2.3.4 The conditions of practice

Buckley (2000, p. 21) argues that much research into, and discussion about, child protection practice positions child protection workers as ‘passive recipients and conveyors of information and expertise that can effectively address a range of predictable and manageable circumstances’. The research exploring inconsistency between workers and offices in child protection systems canvassed above indicates that, despite increasing proceduralisation (see for example, Howe 1991; Clarke and Newman 1997; Lymbery 2000), discretion still exists at the front line. As Evans and Harris (2004, p. 881-2) suggest in reviewing a number of empirical studies, discretion is not ‘an all or nothing affair’. Despite the influence of proceduralisation, they describe a ‘weaker sense
of discretion’ as the interpretation of an authority to decide within the rules, rather than
to practice completely autonomously.

Operating in contexts where policy and operational definitions only provide ‘shadowy
guidance for practice’ (Hill 2003, p. 268) they ‘construct meaning from contextually
bound messages about policy’ (Hill 2003, p. 272). Much of the research exploring child
protection decision making has a focus on factors related to individual case workers:
their personal values and what they come to understand from experience as practice
wisdom. Further, and as suggested previously, decision making research into the child
protection system tends to focus on the problems with child protection workers
judgements (Platt 2006). Commenting on the situation in England and Wales that has
arisen in response to ‘child abuse scandals’, Ayre (2001, p. 888) observed that there had
been a ‘gradual but inexorable increase in the scope, complexity and sophistication of
the child protection system and the associated legislation and guidance’. Media
coverage tends to focus on criticism of the competence of child protection workers,
asking ‘how was this allowed to happen’ (Ayre 2001, p. 891). System responses resulted
in ‘procedural proliferation’ such that it is ‘difficult for ordinary competent practitioners
and managers to feel confident that they were aware of all the important guidance
relevant to their work’ (Ayre 2001, p. 893). Such responses aim to reduce the amount
of discretion available to child protection workers and increase the ability for
standardised predictable responses, although as the work of Gillingham and Humphreys
(2010) demonstrates this is not always successful, and workers find ways to subvert procedures.

Smith and Donovan (2003) argue that much research into child protection fails to capture the complexity of front line practice and what is required to understand how decisions are made. They argue the research approach must explore how street level pressures affect child protection workers, and in the process, identify why child protection workers engage in some practices over others. This view suggests that policy interpretation is a function of interpreting legislation, policy and procedure in the context of the knowledge and values workers bring to the task, the milieu in which practice occurs and the possibilities presented by the resources they have to do their work (Yanow 1996). The milieu includes wider debates about the purpose, role and legitimacy of child protection services, the relative weighting which should be given to parent and child rights, and whether standards can be applied universally. Child protection workers are understood by Smith and Donovan (2003) to be street level bureaucrats.

Street level bureaucrats are those who work in jobs characterised by high levels of discretion and regular interaction with citizens; inadequate resources relative to the tasks workers are asked to perform; demand for services which tends to increase to meet supply; goal expectations for the agencies in which they work which tend to be vague, ambiguous or conflicting; clients who are typically involuntary; decision making
which takes place under conditions of limited time and uncertainty and large caseloads relative to their responsibility (Lipsky 1980). Street level bureaucrats operate within rules that never quite manage to fit the uniqueness of local conditions. In these circumstances front line workers adapt to their context and engage in rationing techniques to manage their workload. The imperative in their use of discretion available is to overcome the ongoing imbalance between scarce resources and seemingly unlimited demand. That is, the use of discretion is patterned by the conditions of street level work.

Interested in case worker descriptions of their everyday work of child welfare workers in Chicago, Smith and Donovan (2003) argue that there is little research which looks at the context in which child welfare workers practice, nor how they assess their own work. This study, conducted in a large urban child protection agency, closely followed fifteen foster care workers for four months as they went about their work and supplemented these observations with in-depth interviews. Smith and Donovan (2003) found that ‘everyday child welfare practice falls short of the family centred, strengths based practices promoted in casework training’ (p. 542). The study suggested that practice is compromised not only by organizational pressures, such as limited time in which to make decisions and take action, but also by ‘pressures to conform practices to the expectations of powerful institutions in the organizational environment’ (Smith and Donovan 2003, p. 541) including the media.
In this study, workers took a passive approach to engaging with parents and demonstrated a belief that denied their ability to achieve change in the lives of the families with which they worked, both of which Smith and Donovan (2003) identified as a coping mechanism to manage workload pressures and time constraints. In addition, they found that what is measured as an outcome (for example, number of children per caseload) took precedence for workers rather than more difficult outcome measures such as time spent working with families. The work, occurring in a ‘hierarchical organizational sector and within a volatile organizational environment’ including a hostile media, (Smith and Donovan 2003, p. 553) also influenced decision making with caseworkers anticipating the desires of more powerful players in the service network. Smith and Donovan’s (2003) study highlights the importance of the context in which the decision is made:

...caseworkers seem to learn what is expected of them from their supervisors, juvenile court judges, attorneys, public officials and even local media. In response to such expectations, caseworkers seem to do what they are expected to do, conforming practices to those that bring legitimacy (p. 558).

The combination of the experienced need to manage workload and time, coupled with the court system’s requirements that certain services should be provided, led to the development of routinised and generic approaches to families rather than individualised assessments.
The imperative to categorise clients to maintain workflow was also found by Broadhurst et al. (2009). This ethnographic study of child welfare practice involved 15 social work assessment teams in five local authority areas in England and Wales. The study aim was to explore the impact of performance management on organisational decision making. Data was gathered through observation of local office practices and conducting focus groups and in-depth interviews over a 24 month period. The study found that newly introduced modes of e-governance with associated performance targets and strict timelines ‘pushed workers to make quick categorisations’ (Broadhurst et al. 2009, p. 2) based on limited information and develop short cuts to maintain workflow. The result was that some cases which require intervention are filtered out; new referrals are considered in the light of previous cases driving thresholds ever higher, and ‘patterns of tacit reasoning can become entrenched as workers become habituated to methods of finding quick disposals’ (Broadhurst et al. 2009, p. 14).

Concerned about the possible curbing of professional discretion in child welfare practice during a period of increased performance targets and standardisation of procedures, Wastell et al. (2010) examined the exercise of discretion amongst social workers in five statutory children’s services in England and Wales. Wastell et al. (2010) conducted an ethnographic study with extensive fieldwork in these inner urban, metropolitan and rural offices, using participant and non-participant observation; interviews and focus groups and documentary analysis of case records. The study found both attenuation of discretion and the manifestation of resistance. In relation to curbs on discretion,
Wastell et al. (2010) found that the imposition of strict timelines and performance targets coupled with the use of Information Technology to proceduralise practice placed social workers under extreme pressure to manage workload. However, the study also found the emergence of a pattern of ‘formally conformant behaviour in which the letter of organisational law is followed but without genuine commitment’ (Wastell et al. 2010, p. 310). In order to manage demand within time frames, ‘workaround’ strategies included modifying the way that rules were interpreted, changing the classification of cases and early closure of cases.

These studies highlight that child protection workers may, in response to the conditions of work, develop patterns of practice to limit demands on their time and resources, modify the concept of their job to narrow the gap between objectives and resources and/or modify the concept of their clients to allow the gap between objectives and what they are able to accomplish more acceptable.

3.2.4 External factors

3.2.4.1 Resource availability

Jones (1993) found in a review of the literature on child protection decision making that organisational features such as how many reports have already been received that day affect whether a referral is accepted. If workers do not feel overwhelmed or constricted
by lack of resources they are more likely to accept a referral. Increases in child abuse and neglect notifications results in pressure to ration resources and prioritise the ‘highest risk’ cases.

Whether the most concerning cases are responded to is questionable; Spratt and Hayes (2009) examined how child protection practitioners responded to referrals of child care problems in the context of a policy shift from child protection to a child welfare practice orientation in one Health and Social Services Trust in Northern Ireland. This qualitative study analysed 100 consecutively received child welfare referrals and interviewed nine senior and seventeen frontline child protection workers to elicit their views on their own practice in child welfare cases. This study found that a filtering system had been developed by workers which, paradoxically led to early closure of the most concerning cases with service provision largely confined to the least concerning. Spratt and Hayes (2009) argue that this response was influenced by an anticipated increase in the number of families referred as a result of the change of orientation.

The availability of services impacts on decision making: where few or no services are available substantiation decreases (Drake 1996; Inkelas and Halfon 1997; Leiter et al. 1994; Winefield and Bradley, 1992; Bauman, Fluke and Stern 1997). It may also impact on the decision to investigate. For example, Wells et al. (2004) examined the relationship between ecological factors, including service availability, and the decision to investigate child protection referrals in twelve sites across five states in the US. Each
site included a catchment area comprising counties, cities and rural areas, with a child population ranging from 9,000 to 40,000 children. In each site all cases that came to each agency during the study period were included, and workers and supervisors involved in decision making were surveyed. This survey included questions about the factors related to the decision to investigate. Wells et al. (2004) found that where workers perceived services were available they were more likely to screen the case in for investigation.

Worker perception about service suitability and availability as an influencing factor was also demonstrated by Harris and Hackett (2008) in a study in King County, Washington in the US, which investigated factors associated with decision making and the issue of disproportionality of African American and Native American children. Harris and Hackett (2008) conducted 11 focus groups with 66 professionals, including child protection workers, involved in decision making about child protection cases. They found that the perception of child protection workers that there were no suitable services available (rather than actual service availability) that could assist the minority families with whom they worked led to a failure to effectively or appropriately intervene in these cases. Harris and Hackett (2008) concluded that this perception was related to racist views about these families leading to a belief that the families were not able to change.
Minty and Pattinson (1994) suggest that recognition of neglect is influenced by a worker’s understanding of the nature of neglect (learned from personal, professional and ideological knowledge and values and the ways in which they balance these in their child protection role) and by an expectation of being able to effect change in the situation. It may then, be easier to ‘see neglect’ when there is no responsibility to respond to it (that is, for those outside the child protection service), or where there is a clear pathway for response that seems likely to succeed. In addition, whilst it is important in practice to disentangle decisions about ‘is this a situation which meets the criteria for intervention?’ (i.e. is this neglect?) from ‘where and how should we intervene?’, in practice it appears that these questions are not always discrete. This is suggested by those studies that show second guessing about whether a court case is likely to succeed influences intervention decisions (Scott 1998; Fernandez 1996).

3.2.4.2 Overrepresentation of disadvantaged groups.

Despite research indicating that problems in minority families are minimised or discounted, families from minority or disadvantaged cultural groups (for example, in Australia, Indigenous families) are overrepresented in child protection statistics. Studies such as Chand (2000) and Chand and Thoburn (2006) in the UK found that black children and families were overrepresented in child protection work; in the US African American children and families are overrepresented (Harris and Hackett 2008; Rivaux et al. 2008)
as are First Nations children and families in Canada (Trocmé, Bennett and Blackstock 2004; Walmsley 2005) and Indigenous families in Australia (Tilbury 2009).

Consistent findings about overrepresentation of minority groups has led to considerable research effort, particularly in the United States of America, in an attempt to discern whether racially biased decision making and/or disadvantage/poverty is a determinant of this overrepresentation. For example, Detlaff et al. (2011) sought to understand the source of overrepresentation of African American children in the child protection system in Texas using data from the Texas child welfare system to identify the factors contributing to disparities in the substantiation decision. The particular interest was to understand the effect of race on this decision making point. The over-representation of African American children is well documented although the reasons for this are subject to debate and research has not been successful in identifying explanatory factors (Drake et al. 2011). Research investigating overrepresentation has controlled for various factors including type of maltreatment, status of reporter, county demographics and characteristics of the child and family in order to determine the effect of race on the substantiation decision with differing outcomes. For example, Ards et al. (2003) found that concerns about African American children were more likely to be substantiated than those about white children whilst an earlier study (Ards, Chung and Myers 1998) found no effect for race. What has rarely been controlled for is a case level variable of family income or worker risk classification, and Detlaff et al. (2011) controlled for both these factors.
The sample looked at reports of alleged maltreatment (there was no attempt to separate out different maltreatment types) which had received a substantiation decision in Texas between September 2003 and February 2005. This involved 185,182 cases. The primary variables used to predict substantiation included race/ethnicity, annual household income and the caseworker’s risk assessment score after investigating the report. Bivariate analysis was used to examine the relationship between race, income and risk assessment, as well as how each of these independently predicted the substantiation decision. Findings indicated that when family income is controlled, race is not a significant factor in the substantiation decision. However, when controlling for case worker perceptions of risk, race emerges as the stronger explanatory variable:

This suggests not only an important relationship between race, income and risk assessment, but also that disproportionality in the child welfare system is a complex phenomenon that cannot be explained by a single factor...that race interacts with other variables in a complicated manner that varies depending on the factors that are included in statistical models (Detlaff et al. 2011, p. 1634).

Drake et al. (2010) undertook a study to test whether the best explanation for the overrepresentation of African American families in child protection data in the United States was that of racial bias or increased exposure to risk factors such as poverty. This study utilised national child protection data relating to substantiated cases of child maltreatment to determine disproportionality rates for African American children. It then compared these rates to the rates of disproportionality for negative child health
outcomes such as infant mortality, low birth weight, prematurity and poverty. The data generally supported the risk explanation over the bias explanation outlined above. Similar findings were reported for the explanation for the overrepresentation of poor children amongst child protection data in the United States (Kohl, Jonson-Reid and Drake 2009). However, as Trocmé, Knoke and Blackstock (2004) note the influence of worker bias on individual case assessments cannot be taken into account statistically.

Employing logistic regression with the 1998 Canadian Incidence Survey of Reported Maltreatment to examine the relative role of First Nations status in determining both substantiation and placement decisions, Trocmé, Knoke and Blackstock (2004) argue that in Canada decision making is less influenced by racial status than by socio-economic disadvantage and the overrepresentation of First Nations peoples among those who are disadvantaged.

In a study involving 118 child protection workers in British Columbia, Canada, Stokes and Schmidt (2011) used a factorial survey method to explore the impact of race and poverty on decision making in child protection. Issues of interest (such as poverty) were randomly assigned to vignettes which allowed the researcher to assess the value of the independent variable in terms of its statistical relevance in decision making. Stokes and Schmidt (2011) found neither race nor poverty were significant influences in decision making, other factors of disadvantage, such as substandard housing, or substance abuse, were influential in child protection decision making.
A number of studies have illustrated that the correlates of poverty, such as poor quality housing, poor access to services and parenting stress do influence decision making (Moraes et al. 2006; DeRoma et al. 2006). Paradoxically, despite research showing that impoverished families are over represented amongst child protection data, and in child neglect cases, where workers equate neglect with poverty the impact on the child is often minimized and cases not afforded service (Horwath 2007, p. 156). In these situations children may be seen as dirty, but happy (Minty and Pattison 1994).

In Australia the overrepresentation of Aboriginal children in the child protection system is well documented in yearly statistics published by the Australian Institute of Health and Welfare (AIHW). Using AIHW data about child protection, out of home care and juvenile justice over a five year period to examine the levels of disproportionality at key decision points, Tilbury (2009) found that child welfare interventions are persistently more intrusive for Indigenous children and that the rate has not improved over time.

Delfabbro et al. (2010) note that whilst it is well established that Aboriginal and Torres Strait Islander (ATSI) children are over represented in the Australian child protection system, the use of cross sectional analyses (as used by Tilbury 2009), whilst useful to establish over-representation, cannot tell us about the incidence of cases or how individual children may be involved in the child protection system over time system over time.
Delfabbro et al. (2010) carried out a longitudinal and comparative analysis of data in order to explore the cumulative impact of the child protection system in terms of its level of involvement over time for a cohort of infants born in South Australia in 1991 and until they turned sixteen years of age, in order to compare the comparative involvement of Indigenous and non-Indigenous children, and to analyse the differences in the type of abuse notified and substantiated for each group. Child protection data were drawn from the child protection service, the South Australian Families Client Information System, and population level data were drawn from the Pregnancy Outcomes Statistics Unit at the South Australian Department of Health. This study found that as of January 2007, the notification rate per 100 children for ATSI children was 56.8, and for the cohort overall was 20.3. ATSI children were more likely to be the subject of notifications, investigations and substantiations for emotional abuse and neglect; ATSI children were 152 per cent more likely to experience substantiated neglect than non-ATSI children. Delfabbro et al. (2010) acknowledge that the findings from this study need to be treated with caution as the study did not have access to broader socio-economic factors, such as income status, that could account for some of these differences, particularly given the association between neglect and poverty. They conclude that further research is required to disentangle whether the over representation reflects broader patterns of disadvantage, systematic differences in treatment by the system or other factors. However, they speculate that some of the difference at least related to the ‘more subjective inherently subject to bias in interpretation’ the categories of emotional abuse and neglect, particularly where ‘the
standards of parental care in Aboriginal communities are interpreted according to Western community standards’ (Delfabbro et al. 2010, p. 1423).

The relationship between cultural background, poverty and overrepresentation is complex. It may be that, as Stokes and Schmidt (2011) suggest, the individualistic focus of much child protection work obscures the context of people’s lives. Craddock (2004) suggests that the increased use of risk assessment instruments, coupled with a narrowing forensic focus in most Western jurisdictions, entrench the invisibility of structural issues and refocus attention to what parents do or do not do and what is considered the responsibility of parents to change. Stokes and Schmidt (2011) contend that this focus also ignores, in the Canadian context (which has resonance in the Australian context) ‘the cultural and historical issues for aboriginal people such as colonization and residential schools in the assessment process’ (p. 1118).

Much of the research on the overrepresentation of minority groups is descriptive and uses child protection services data to document disparities at different decision points along the system. However, whilst it can document different influences (such as poverty and/or race) at a population level, it cannot explain the thinking that goes into the decisions that are made, or the context in which the decision is made. Detlaff et al. (2011) point out that a limitation of their study is that additional variables such as caseworker, organizational and community factors need to be included to determine the relative contribution of these factors to decisions. More importantly because we do

173
not know about the various contexts in which the decisions are made it is difficult to
know how well this body of research speaks to the local context.

3.2.4.3 Ideology: The ‘rule of optimism’: natural love and cultural relativism.

The central dilemma of child protection practice is how to balance the protection of
children and the ‘right’ of families to be free from state intervention. Dingwall, Eekelaar
and Murray (1985, p. 82) describe two ‘institutionalised devices-cultural relativism and
natural love-which combined to eliminate the overwhelming majority of potential cases
by providing justification or excuse and allowing front line workers to prefer an
optimistic reading of client behaviour’. They assert that front line staff conducts
assessments under the ‘rule of optimism’: that staff are required to think the best of
parents (Dingwall, Eekelaar and Murray 1985, p. 79). These institutionalised devices are
generated and sustained both within the child protection organisation, and with
reference to boarder ideological debates within Western multi-cultural societies.

Cultural relativism is, according to Dingwall, Eekelaar and Murray (1985) an agency
justification.

The term ‘cultural relativism’ is used here to denote an intellectual position that
all cultures are equally valid ways of formulating relationships between human
beings and between human beings and the material world, together with the
possible political corollary that members of one culture have no right to criticise members of another by importing their own standards of judgement (p. 82).

The other device used, natural love, is conceptualized as an excuse by Dingwall, Eekelaar and Murray (1985):

Excuses again recognize the deviant nature of the acts in question but withhold moral liability because of the impairment of the actors’ capacity-responsibility. While justifications appeal to a social framework of interpretation, excuses are located in the realm of nature. They are the moments at which agency is overwhelmed by forces beyond its control, either chance or mysterious inner urges. Excuses, then, are a particularly powerful type of account. If accepted they are likely comprehensively to exculpate the alleged deviant, since he or she is not capable of being responsible for the acts complained of (p. 86).

Dingwall, Eekelaar and Murray (1985, p. 87) suggest that parent/child love is a powerful element in front line practice ‘the starting point for practice is that all parents love their children as a fact of nature: this makes it difficult to ‘read evidence in a way which is inconsistent with this assumption.’

Natural love and cultural relativism combine to from the ‘rule of optimism’, which, because of the subsequent gravity of a charge of deviance, inhibit workers from making the charge. Dingwall, Eekelaar and Murray (1985, p. 92) identified two further concepts ‘parental incorrigibility’ and ‘failure of containment’ which enable workers to accept
that allegations may be founded and tended to precipitate a more investigative approach. The first refers to lack of parental compliance where parents have ‘repudiated the legitimacy of agency involvement’ and the second to the degree to which knowledge of a family’s circumstances had spread beyond a small group of frontline workers. Defensive practice arising out of a fear of prosecution has been noted in the literature (Scott 1998).

3.2.4.4 The impact of media reporting

Media reports of child death inquires frequently focus on individual practitioner error (Munro 2004c) although this may not be the case in all countries. In a review of Dutch child death inquiries, and subsequent comparison with British inquires, Kuijvenhoven and Koutleven (2010) found a reluctance in Dutch reports to attribute responsibility to individual practitioners.

Ayre (2001) suggests the way the media frames reports about the child protection service, and the frequency of reports, leads to defensive decision making in England. Media reports about child protection in Australia tend to be sensationalist and simplistic (Mendes 2001) and reveal hostility toward the child protection workforce. Defensive practice to avoid public criticism has been documented in Australian studies (Scott 1998). In the United States, Chenot (2011) comments that negative media reporting results in extreme conservatism in decision making, such as ‘placing a high number of
children in out of home care- a reaction otherwise known as foster care panic (p. 169). Thomlison and Blome (2012) confirm that the ongoing portrayal of child protection workers in the United States is that they are incompetent and negligent. Taylor, Beckett and McKeigue (2008) in a study to explore decision making by child protection workers, conducted series of focus groups in two local authority areas in England. Participants expressed considerable anxiety about the work they did, and were particularly anxious to ‘get it right’. Taylor, Beckett and McKeigue (2008) found a significant contributor to child protection worker’s need to ‘get it right’ was related to the fear of shame and blame which would result from ‘trial by media’ (p. 31).

3.2.4.5 Relationships in the service network

Child protection service networks are characterised by ‘strained professional relationships’ and at worst by a culture of hostility and defensiveness (Bamblett, Bath and Roseby 2010). In a review of the literature, Horwath and Morrison (2007) suggest that most studies that look at difficulties with interagency collaboration fail to take account of the wider context of interest group power structures and socio-political processes. This point has also been made by Reder, Duncan and Gray (1993) who suggest that the way in which professionals in a service network develop attitudes and beliefs about each other influence decision making: implicit ‘professional rivalries’ (p. 66) can cause workers to lose sight of their primary function.
Blyth and Milner (1990) argue that the nature of child protection work itself works against effective interagency working because child protection work is considered ‘dirty work’, and Butler (1996, p. 312) considered that ‘child protection work in Ireland has the potential to become even “dirtier” than it is in Britain’ given the considerable ambivalence about the State intervening in family life. The impact of the ‘dirtiness’ of child protection work on interagency working was also raised by Buckley (2003) and the culture of blame surrounding child protection practice is well documented (Parton, Thorpe and Wattam 1997).

‘Dirty work’ is understood to be work that is physically, socially or morally tainted. Ashforth and Kreiner (1999, p. 415) provide criteria for each of the three forms of taint:

- **Physical taint** results when an occupation is directly associated with rubbish or death (eg. cleaner or funeral director) or is thought to be performed under particularly noxious or dangerous conditions (eg. soldier or factory worker)
- **Social taint** results when the work brings the worker into regular contact with people that are themselves stigmatised (eg. social worker or corrections officer) or where the worker appears to have a servile relationship to others (eg. personal care worker or maid)
- **Moral taint** results when an occupation is seen as sinful or of questionable virtue (prostitute or tattoo artist) or where the worker is thought to employ methods that are deceptive, intrusive or confrontational (eg. tabloid journalist or mental health worker).
Kreiner, Ashforth & Sluss (2006) argue that ‘dirty work’ occupations vary according to the breadth and depth of their dirtiness. Central to welfare work (including child protection work) is involvement with stigmatised people, coupled with the requirement to inquire into circumstances involving the privacy of the family, leading Kreiner, Ashforth & Sluss (2006) to suggest that such work is ‘dirty work’.

Research looking at ‘dirty work’ in other contexts has found that such workers develop strategies to moderate the impact of their status which can affect both decision making and working collaboratively and which results in workers growing cautious in their dealing with other professionals, focussing on those aspects of their job which may increase their status and dismissing the knowledge and competence of other professionals (Ashforth and Kreiner 1999). Scott (2005, p. 137) suggests that much interagency conflict is generated and sustained by the telling of atrocity stories within agencies about the failure and incompetence of the ‘other’ agency. This is particularly the case in the types of cases, such as those involving chronic child neglect, where workers felt impotent (Scott 1995).

Pithouse (1998) examined the way in which child protection workers in England perceived and created their occupational arena. This ethnographic study of one child protection agency involved twelve months observation and a series of four in-depth interviews with the workers. Pithouse (1998) found that workers routinely shared stories about other health and community service professionals to highlight both the
incompetence of these professionals, and the way that others ‘used’ the child protection workers as a ‘dustbin’ for other agencies problems (p. 25). Dismissing the competence of others affects the importance of the information others provide and influences decisions that are made. The aim of such stories was, according to Pithouse (1998, p. 24) to ‘bolster the occupational self-image’:

> An esprit de corps of embattled welfare veterans is created as a bulwark against outside groups who must be suffered, manipulated, ignored or subtly educated in the ways of social work (Pithouse 1998, p. 27).

Issues of status and the telling of atrocity stories to legitimate one’s role along other professionals was also identified by White and Featherstone (2005) in their study of a newly integrated and co-located multidisciplinary child health team, and by Dingwall (1977) in his study of health visitors.

Despite the commonly accepted understanding that stigma attaches to child protection practice, particularly in Australia, child protection practice with Indigenous peoples (Bamblett 2009), there is negligible research which explores child protection worker status and its impact on decision making. Internationally, research has suggested that amongst child protection workers there is considerable discomfort with the tension between the ‘caring and controlling’ aspects of the role (Corby 1987; Buckley 2003), and that working in statutory work is the least preferred employment option for Australian social work students (Woodcock and Dixon 2005). Somewhat surprisingly then, the issue of status, professional identity and child protection decision making is not well
explored in the child protection literature although it has been explored more generally in relation to social/welfare work service delivery.

Using a postal survey, Keiser (2010) examined the factors causing variation in decision making amongst welfare workers in a social security program in the United States. Keiser (2010) found that because welfare workers ‘exist in micro-networks of vertical and horizontal relationships’ (p. 251), decisions were influenced by how workers understood others in the service system perceived them. The influence of hierarchies in the micro networks in which public sector agencies operate is supported by others (see Golden 2000; Keiser 2000; Maynard-Moody and Musheno 2003; May and Winter 2009).

Rosenthal and Peccei (2006) examined the way welfare workers employed in a government employment agency responsible for the administration and delivery of welfare benefit in England construct and categorise their clients and how this impacts on service delivery. In this qualitative study, 39 workers across fourteen offices were interviewed. Rosenthal and Peccei (2006) found the way that clients were categorised by welfare workers was influenced by how workers wished to view themselves as caring professionals:

A sense of oneself as open, egalitarian and friendly will be facilitated by individual clients who present themselves in the interviews as desirous of the objective of the interaction. Those who are actively or passively resistant to the
core objective produce pressure on the Adviser to be more directive, subverting a valued self-view (p. 1650).

Halliday et al. (2009), examined the influences on work practices of social workers working in the criminal justice system. This ethnographic study involved a year of observational field work in two sites in Scotland to follow fifty three cases from referral to the social workers to submission of their report to judges, coupled with follow up interviews with the social workers involved. Halliday et al. (2009) highlighted the way in which relative professional status impacted on the way social workers wrote court reports, and argued that, because of their uncertainty about their status and credibility as criminal justice professionals, reports were written as a way to seek esteem and credibility in the eyes of judges and lawyers, those with higher relative status. Halliday et al. (2009) found the social workers wanted to be valued as credible professionals by others, but were anxious that they were perceived as naïve and unprofessional: the way they wrote courts reports were an attempt to challenge this view. However in doing so they ‘undermined the policy objectives of social enquiry in sentencing’ because they did not focus on the ‘welfarist narrative’ instead frequently undermined it by including information in the report that was dissonant with it (Halliday et al. 2009, p. 418).
3.2.4.6 Summary

Decision making about child neglect is a complex process in part because of the ambiguity of the construct itself. In addition a range of factors influence child protection decision making. These other factors include: the practitioners’ personal perceptions about what child neglect is; how they view their role; concerns about whether they will be seen to be imposing middle class values (Tanner 2001; Horwath 2005) or racist (Cemlyn 2000) in judging already disadvantaged families or those from different cultural backgrounds. Practitioners express discomfort with assessing child neglect as it is, for them, so obviously value laden (Turney and Tanner 2001).

The incident based system of child protection practice serves to minimise the harm to children from child neglect and increases the probability that such referrals will be filtered out (Buckley 2003). As a number of writers have suggested it is as much a moral-practice activity as it is a technical-rational activity, and different practitioners will emphasise different factors operating in a referral (Horwath 2007) in part because of the association with poverty and the pessimism about what child protection workers have to offer families with complex and multiple problems (Buckley 2003).

As Munro (2008, p. 2) notes it is ‘harder to imagine circumstances that pose a greater challenge to reasoning skills: limited knowledge, uncertainty, high emotions, time pressures, and conflicting values’. It is not surprising that child protection decision
making is seen as a perennial problem. Typically this problem is viewed as related to the conflict between intuitive and analytical decision making, and most child protection systems which have introduced risk assessment instruments, formalised checklists and increased procedures have done so to reign in intuitive decision making (Munro 2008, p. 2). However, as Gillingham and Humphreys (2010) have shown, practitioners do not always use these instruments as designed and/or are sceptical about the purpose of their introduction. It appears even where these instruments have been introduced, the same patterned responses appear. What might be the explanation for this?

Dingwall, Eekelaar and Murray (1985) highlight the presence of institutionalised devices, or systems of belief which act to eliminate most of the cases referred to the child protection service in their study. What ideological beliefs are paramount, and how gains and losses are made sense of is not simply a function of thinking about a case: it is thinking about a case in context. Baumann, Kern and Fluke (1997) describe the context of child protection decision making as involving reciprocal relationships between case, organisational, community and individual factors. It involves a complex set of interactions between national and state laws, the organisation’s policies, procedures, customs and norms and the interpretation of these by the workers (Wells 1997). This also includes wider debates about the role of the child protection service, how it is located within the service network and the status of workers vis à vis others in this service continuum.
Some writers suggest that errors in child protection decision making are less a product of individual workers, or teams than inherent in the system itself. Jones and Gupta (1998) contend that the social construction of child abuse and neglect as aberrant behaviour on the part of individual parents hampers our ability to understand its true nature. However, another body of work about decision making on the front line of public services suggests that it is the imperative of bureaucratic street level work that results in simplifying complex information into stereotypes to enable more efficient processing of work and gate keeping: these it is suggested are coping strategies to ration scarce resources such as time, and which apply across all street level bureaucratic settings. From this perspective routinsed, patterned responses to decision making will inevitably occur in the discretionary space afforded front line workers, however the justifications for the practices, the ‘flavour’ it takes in a particular service setting will be informed by a range of factors.

3.3 Evaluating the applicability of current knowledge to the research question

This chapter has thus far discussed definitional issues related to child neglect, and reviewed research about influences on child protection decision making in general, and where possible, child neglect. The next section will evaluate the applicability of the research to the current research question. Firstly it will explore the impact of the ‘definitional issue’: the lack of consistent definitions used in child neglect research; the
frequent failure to clarify jurisdictional differences in child neglect definitions and the paucity of studies which focus on child protection practice with child neglect. Secondly, it will discuss the de-contextualised nature of broad descriptive studies and the divide between broad descriptive research, and small scale exploratory and ethnographic research. Finally this section will discuss how the knowledge gained from the literature review informed the methodology of the current study.

3.3.1 Definitional issues

Typically research on risk factors occurs within the context of testing an etiological theory. However, theoretical developments usually presuppose a degree of clarity about the phenomenon of interest. Given this lack of clarity, relatively few theories of neglect have been proposed (Schumacher, Slep and Hyman 2001, p. 233).

As noted earlier, neglect has been marginalised in research and in practice, in part because of the ‘definitional issue’ (McSherry 2007): there is no consistent definition of child neglect in the literature. In a systematic review of the child neglect literature Daniel, Taylor and Scott (2010) found a range of definitions and a wide variation in the focus of how child neglect was understood: some focused on the child, others on the parents and still others on ecological factors. Many studies provided no definition of child neglect. Further, definitions used in research studies are rarely operational/practice definitions. In broadly defining child neglect as omissions in care,
research and practice definitions interact and overlap although, as Taylor, Daniel and Scott (2012, p. 423) conclude, for ‘the purposes of gauging methodological rigour, the use of different or unstated definitions makes comparison very difficult’.

The paucity of studies focussing on child neglect has been highlighted. In reviewing the research on decision making, it was rarely possible to separate issues which concerned child neglect as this was not reported separately. Many studies focussed on decision making at specific ‘decision points’, for example, the decision to investigate, to substantiate, or to take a child into care. Where qualitative methods were used, findings about neglect could be discerned: as an example, Taylor, Beckett, McKeigue (2006) reported qualitative findings in relation to child neglect and the difficulties workers had in making decisions around the future care of children where chronic neglect was the concern. However, since this research was focussed on a decision point, rather than a maltreatment type, there were no definitions of any maltreatment category provided.

3.3.2 The de-contextualised nature of much research

In a discussion of the limitations of evidence based practice in dealing with ‘complicated, situated and practice based assessment’, Staller (2006) quotes from the Centre for Evidence Based Social Services which cautions:

   Influences on decision making include political pressures, resource constraints,
and the personal and professional values of those involved. When choices are based on these influences and do not include relevant research evidence we have what is sometimes called opinion-based decision making. At present, many, perhaps most, decisions made about social care are opinion based. . . .For staff, evidence-based practice means integrating professional judgment and the best available external and internal research evidence about the likely outcome of services (p. 509).

Stallar (2006) notes that ‘opinion based’ decision making seems to relate to contextual factors, and discounts the role of professional values: in a values based profession like social work Stallar (2006) considers jettisoning the role of professional values is troubling. Furthermore, the ‘gold standard’ of evidence, the randomised controlled trial, aims to decontextualise, and yet, the practice of social work is highly contextual. Gilgun (2005, p. 844) argues that ‘assessment is a complex process comprised minimally of the sense that practitioners make out of (i) service user concerns, values, and preferences; (ii) clinical expertise; (iii) related research and theory’, highlighting the importance of context in making decisions.

The research question that is posed by this study relates to practice in a place: it is highly contextual. Asking the research question ‘How do child protection practitioners in the Northern Territory operationalise child neglect?’ is to be concerned with the ways in which those practitioners attach meaning to their experience, the relationship
between knowledge, experience and action and the factors, including the social factors, that shape these processes (Popay and Williams 1998). The research study begins from an assumption that to understand the way child protection workers operationalise child neglect it is necessary to contextualise this practice.

Daniel, Taylor and Scott (2010) found that much of the research literature they reviewed was collected in countries other than the United Kingdom where they are situated, and that significant questions were raised about the transferability of the findings because of the different organisational systems and training for different professions. Daniel, Taylor and Scott (2010, p. 423) ultimately concluded that ‘evidence drawn from studies focussed on [different] systems should be transferred with more caution...than evidence that focuses on parenting capacity and children’s development’.

Although research has demonstrated that decision making of child protection workers is influenced by the ‘socio-political context’ (Platt 2006 p. 9) much quantitative research into child protection decision making does not pay attention to this context as a variable. In fact, its ‘strength’ is to provide findings that are independent of context, and thus is unable to seek an explanation for the way in which the social context influences worker decisions. What is frequently missing is an understanding of the how and why of the influence: without an understanding of this it is difficult to know whether the results can be generalised to the local context.
Studies which use national [for example, Ruiz-Casares, Trocmé and Fallo (2012) in Canada, and Cross and Casanueva (2009) in the United states] or state wide [for example Detlaff et al. (2011)] administrative data sets combine data from jurisdictions and/or localities. In addition to problems associated with using administrative data for purposes other than for which it is collected, such data sets fail to acknowledge context. In these studies we learn little, for example, about the various definitions of child maltreatment in use (particularly important as national data sets cross several jurisdictional boundaries); the role of the child protection service in the service continuum; and about the availability of other services - all of which will impact on decision making. This is important, especially for researchers outside the United States or the United Kingdom where the bulk of the literature on decision making originates. Detlaff et al. (2011) acknowledge this as a limitation in their study, noting that additional variables such as caseworker, organisational and community factors need to be included to determine the relative contribution of these factors to decisions. Community factors which might be influence include the proportion of minority families in the population, and issues related to rurality.

Whilst these quantitative studies provide possible cues for the current research study, for example, to be alert for issues of cultural background, the context free nature of their findings are of limited assistance in answering the research question.
3.3.4 Studies using qualitative methods

One key consideration of the ontological and epistemological differences to which we have referred is that qualitative research has a different relationship to the context of the research than is the case with most quantitative research. Whereas the latter seeks to develop methods and produce findings independent of the context, qualitative research seeks to maximise the use of context (Popay, Rogers and Williams 1998, p. 347).

Spratt (2000) wrote that since the work of Dingwall, Eekelaar and Murray (1983) we have lacked an understanding of how child protection workers actually operate the child protection system. Since Spratt wrote this, qualitative researchers have attempted to illuminate those aspects of practice which, in Buckley’s (2000) words are not reflected in the formal blueprint of practice, by using methods such as ethnography, in depth interviews and participant observation. Such studies typically address the issue of the context of practice in a more comprehensive manner, providing rich descriptions of practice. Studies within the qualitative framework identify a broad range of factors from the personal, professional and organisational domains which impact on the decision making of child protection workers (Buckley 2000; Horwath 2007) illuminating the ‘invisible trade’ (Pithouse 1998).
According to Popay, Rogers and Williams (1998) in order to evaluate the adequacy and usefulness of qualitative studies a number of questions must be answered. Firstly, does the research illuminate the subjective meaning, action and context of those being researched? Secondly, is there evidence of adaptation and responsiveness to the social context? Thirdly, does the sample produce the type of knowledge necessary to understand the structures and processes within which the individuals or situations are located? Fourthly, is the description detailed enough to allow the researcher to interpret the meaning and context of what is being researched? Finally, what claims are being made for the generalizability of the findings to other bodies of knowledge or to other populations or groups?

A number of qualitative studies reviewed utilised convenience or snowball samples [for example, Hoskins and White (2010); Parada, Barnoff and Coleman (2007); Osmond and O’Connor (2006)] of less than ten participants. While sample size, randomness and representativeness are of less importance than relevance, the size of a sufficient sample is generally dependent on theoretical saturation. In these small scale studies, no reference was made to theoretical saturation being reached, thus weakening the study findings. In contrast, for example, the study by Gillingham and Humphreys (2010) used multiple methods (case audits, observation and in-depth interviewing) as well as purposive sampling to reach theoretical saturation. This strengthened the findings of this study, which identified the difference between official discourse around practice and the reality of practice.
Mixed methods including case analysis, in depth interviews and observation in qualitative studies (for example, Horwath 2005; Buckley 2003; Smith and Donovan 2003; and Daniel 1999) allow for a range of factors to be identified from the subjective experiences of practitioners and for the comparison of different sources of knowledge. A clear focus on the context of practice and privileging worker experience resulted in factors external to the case to be illuminated as influencing decision making including, for example, parental demeanour, team survival, ideological conflicts, organisational culture and issues of gender, power and interactional dynamics. Whilst none of these studies made claims to generalisability outside their context, the detail allows them to be logically, rather than probabilistically, generalisable to contexts sharing key similarities.

Despite the usefulness of much qualitative research undertaken to explore child protection decision making, little has a clear focus on child neglect. Moreover, whilst the findings may, to varying degrees be logically generalisable to the current research context, the importance of that context cannot be overlooked. Research which is concerned with understanding the basis of professional decision making must privilege subjective meaning if it is to inform policy and practice (Popay, Rogers and Williams 1998). The subjective meaning which must be privileged is that of practitioners working within the actual context of interest, in this case the Northern Territory, which as has been described in Chapter Two has a unique profile in Australia. Therefore methods adopted to answer the study’s research question must enable this privileging of the
views of child protection practitioners, afford an in-depth understanding of how they operationalise child neglect within their context.

3.4 Conclusion

Much research into child protection practitioner decision making appears motivated by apparent ‘errors’ in decision making, and highlights inconsistencies in decision making between practitioners, or between offices practicing under uniform legislative and procedural contexts. Such research focuses on what factors influence child protection decision making, generally by retrospectively reviewing those factors documented in cases that are substantiated compared with those that are not. They are largely quantitative and involve the analysis of data from official statistics or case files.

Such research rests on the assumption that ‘child protection workers can, without demur, agree on a universal understanding of child abuse and respond accordingly’ (Buckley 2000, p. 254), overlooking the difficulties with coming to an agreed upon definition of child abuse and neglect, and ignoring the non-clinical, or case, related factors which inform decision making. This research also rests on assumptions about how professionals make decisions, that is that practitioners are (or should be) ‘rational’. Such assumptions stand in contrast to theorists such as Schon (1991, p. 19) whose work uses the concept of ‘knowledge in action’ to illustrate ‘the artful ways in which some practitioners deal competently with the indeterminacies and value conflicts of practice’.
Where the dissonance between the ‘official discourse and the complexities and dilemmas of everyday practice’ (Buckley 2000, p. 254) has been explored by researchers, a range of factors have been identified which impact on thinking and decision making in child protection practice; these factors have ‘little visibility in the formal blueprint for practice offered in agency procedures’ (Buckley 2000, p. 254), and frequently relate to the context of decision making rather than the content of case factors. Research which explores this dissonance, or the everyday world of workers, is qualitative, often taking an ethnographic approach and highlights both the underpinning thinking which influences decisions, as well as the influence of contextual factors, such as organisational culture.

The evaluation of previous research in the preceding section has indicated the limitations of much quantitative research which has explored factors which impact on decision making in child protection practice. A major limitation is findings which are independent of context; given that the very concept under investigation is plagued by definitional issues, and its understanding informed by a range of factors, including contextual factors, this creates challenges for generalisability.

A key outcome of this study is to provide guidance to educators, policy makers and practitioners in the Northern Territory to enhance child protection practice in cases of child neglect. It seeks to illuminate expected and unexpected influences on child protection practice with cases of child neglect. Whilst the quantitative research
reviewed has highlighted a number of factors (such as culture) which impact on child protection decision making at key decision points, quantitative methods will not generate the type of knowledge required to answer the primary research question of this study.

The current research study is interested in the subjective experiences of child protection workers in the Northern Territory in order to answer the question of how they operationalise child neglect in their practice. Regher, Stern and Shlonsky (2007) argue that social work practice does not occur in a vacuum, and thus much useful social work evidence is that which is not obtained in a vacuum and must incorporate practitioner views and be embedded in the real life social context of practice. Although such contextual inclusiveness may make the results unique, and not easily generalisable, in providing in depth understanding of multiple factors, it can provide a guide to practitioners in determining the applicability of its findings, or transferability, to other locales.

The context for this study, its aims, significance and the existing research has now been established. The next chapter presents the study’s methodology.
Chapter 4: Research Methods

Introduction

This chapter sets out the methodological framework for the study. The chapter begins by stating the goal of the research and identifying the issues it seeks to clarify; the practices it hopes to influence and why this goal is important. Secondly, the chapter introduces the research paradigm that the research draws upon, namely social construction, and identifies the ways in which this has influenced both the construction of the research question and the methodological approach to answering the research question. Thirdly, the chapter discusses research design issues. The study is described as a mixed methods exploratory study and a justification for this approach is provided. The fourth section of the chapter concerns data collection issues, including the sampling strategy, recruitment, data collection instruments, and issues related to data collection such as validity and reliability. The fifth section outlines the approach to data analysis and discusses issues in relation to validity and reliability of data analysis and the strengths and limitations of the study. The final section of the chapter is concerned with ethical issues relating to this study.
This study sets out to examine child protection practice with cases of child neglect in the Northern Territory. The key research question asks how child protection practitioners in the Northern Territory operationalise child neglect. In addition, a number of subsidiary research questions are also asked. Firstly, how do child protection practitioners in the Northern Territory view their role in working with cases of child neglect? Secondly, what level of agreement is there among child protection practitioners in the Northern Territory about the sorts of situations that are assessed as being child neglect? Thirdly, what factors influence assessments of child neglect by child protection practitioners in the Northern Territory?

The preceding chapter highlighted that our understanding of the influences on child protection decision making in relation to child neglect is hampered by conceptual and practical difficulties. These include the lesser research attention given to child neglect overall in child protection research and the lack of consistency in definitions for practice. As identified in the Literature Review a major limitation of much quantitative research for the current research question is that findings are independent of context. Given that the understanding of child neglect is informed by a number of factors, including contextual factors, this creates challenges for generalising from these studies to the current study. The current study seeks an understanding of practice in a place, making context highly relevant.
Whilst there have been qualitative studies which illuminate aspects of child protection decision making they tend to be small scale, using convenience or snowball samples, with no reference made to theoretical saturation, thus weakening the studies’ findings. However, as discussed in the previous chapter, whilst there are a number of qualitative studies which are logically generalizable to other settings, *place* is of central importance to the current research question. This study seeks to maximise the use of context, and whilst other qualitative studies may provide cues to be alert to in analysing data, they cannot answer the research question for *this place*.

### 4.1 The goals of the research

The rationale for the research study was introduced in Chapter One. This chapter highlighted that child neglect, despite having been found to have long term consequences for children (Hildyard and Wolfe 2002), has been overlooked in the research literature (Behl, Boyningham and May 2003) and in child protection practice (Horwath 2005). In the Northern Territory child neglect is responsible for 40 per cent of all child protection notifications and half of all child protection substantiations and overwhelmingly these involve Indigenous children (Bamblett, Bath and Roseby 2010). Understanding child protection practice with cases of child neglect is an important issue.

Definitions of child neglect are informed by differing cultural and community standards about what is considered adequate care and defining child neglect in research and
practice has proved difficult. The *Growing Them Strong, Together* report (Bamblett, Bath and Roseby 2010) suggested that a considerable gulf was perceived to exist between how child protection workers assessed harm in neglect cases and how other members of the service network assessed harm in neglect cases. This has led to considerable frustration among other health and community service professionals. Little is known about how child protection practitioners in the Northern Territory assess cases of child neglect. Education and training for child protection workers in the Northern Territory thus currently occurs in a knowledge vacuum, based on the assumption that practice matches the formal blueprint.

Given that child neglect remains a contested construct it is important to understand how child protection workers assess child neglect in their day to day work, that is, how they operationalise this construct. The need for this understanding leads to the key research question the study seeks to address which is how do child protection workers in the Northern Territory operationalise child neglect? In order to answer the research question a number of other questions are also asked as outlined in the Introduction to this chapter.

This research directly contributes to education and training for child protection workers in the Northern Territory, and contributes to the minimal body of knowledge about how child protection workers in Australia assess child neglect in practice. In addition, given that child protection practice in the Northern Territory is dominated by work with
Indigenous people (Bamblett, Bath and Roseby 2010) the research contributes specialist knowledge about child protection practice with Indigenous families.

4.2 Research Paradigm

In assessing some families as neglectful, child protection workers engage in a meaning making activity. They interpret and apply legal and procedural definitions of an ambiguous concept to a family situation. This research is concerned with understanding how child protection workers on the front line, that is those workers who are involved with making decisions about families referred for alleged child neglect, go about the task of operationalising child neglect. The research seeks an *emic* understanding of their work; that is it seeks to ‘make sense of, or to interpret, phenomena in terms of the meanings people bring to them’ (Denzin and Lincoln 2000, p. 3). Chapter Three reviewed the literature and highlighted that few studies exist which explore how practitioners recognise or respond to child neglect in their practice (Daniel, Taylor and Scott 2010); this *emic* understanding has not been explored in the Australian context.

4.2.1 Social Construction approach

In order for a child to find their way into the child protection system as a child who has been neglected, a child protection worker has to assess, or *construct*, that child’s care as
care that is neglectful. The research literature demonstrates that the concept of child neglect is one that is contested, negotiated and constructed in practice.

Crotty (1998) argues that meaning is not discovered as something that exists prior to our attempts to define it, but it is constructed:

It is the view that all knowledge and therefore meaningful reality as such is contingent upon human practices, being constructed in and out of interaction between human beings, and their world, and developed and transmitted within an essentially social context (p. 42).

This research was approached from an acknowledgment that ‘as a phenomenon, child maltreatment is more like pornography than whooping cough. [That is] child maltreatment is a socially constructed phenomenon which reflects values and opinions of a particular culture at a particular time’ (Department of Health 1995, p. 15). Child protection work has been dominated by models of professional practice which, according to Parton (2003, p. 2) treat practice as an exercise in technical rationality, ‘in the same way as engineering becomes the application of engineering science’.

Schon (1991) argues that this fails to illuminate how professionals know, and how they operate in practice amidst the messy and indeterminate situations that confront them. Knowing in these situations is frequently tacit and implicit, developing from dialogue through which:
the practitioner can come to understand the uniqueness, uncertainty and potential value conflicts that must be addressed and thereby reaches a ‘new theory of the unique case’ that informs action. Practice knowledge is thus derived from ‘reflection in action’ and emphasizes interaction (Parton 2003, p. 2).

The social construction approach adopted in this research acknowledges the pluralistic, contested nature of reality and focuses our attention on the meaning-making activities of groups. In this meaning-making activity some things are brought into view and endowed with meaning, and other things are ignored or minimised. Guba and Lincoln (1994) describe a social construction perspective as being concerned with community consensus about what is real rather than absolutist criteria for judging reality or validity, since community consensus has meaning which shapes action or inaction.

Houston (2001) argues that social construction can be viewed as a genus linking a broad range of theorists gathered around a number of epistemological and ontological assumptions. These assumptions include the idea that the social world as we know it is socially manufactured through human interaction and language. These negotiated understandings can take a variety of forms which ‘invite different kinds of action’ (Houston 2001, p. 846). Knowledge and action are ‘intimately interrelated’ and are derived from relationships (Parton 2003, p. 9), highlighting that knowledge is socially constructed. Social construction links our narratives (or beliefs) about the world to our
actions: how we view the world will shape our response to it. The research presented in this thesis was concerned with understanding how child protection workers operationalise child neglect because this shapes the way they respond to referrals of child neglect in the real world of practice.

Secondly, social construction asserts that our understanding of the social world is historically and culturally specific, contingent on time and setting. This research study was concerned with how child protection workers in a place (the Northern Territory) operationalise child neglect.

Lastly, embedded with a social construction approach is an argument against the notion that there are essential structures within society, rather seeing the ‘relativistic and subjective nature of the social world where all knowledge is perspectival and contingent’ (Houston 2001, p. 846). The research study began from the assumption that child neglect requires an act of interpretation to be made real. This should not be taken to mean that the researcher does not believe in the existence of an external real world; it is to suggest however, that cases of child neglect within the child protection service come to exist because child protection workers apprehend them in this way. Without child protection workers applying their definitions of child neglect to a family and naming the care situation as being one of child neglect, the situation is not formally understood as ‘being’ child neglect. It is this very process of understanding a care
situation in this way, of operationalising the concept of child neglect and applying it to a family, which was the subject of the research.

The subjective nature of knowledge demands that the researcher’s own subjectivities are acknowledged and negotiated. The researcher interest and motivation is acknowledged in Chapter One of the thesis.

4.2.2 Epistemology and the research question

As outlined above, this study was influenced by social construction but does not refute the existence of an external reality. The study was interested in finding out about ‘what’, ‘how’ and ‘why’ questions about child protection workers’ operationalisation of child neglect. Exploring these questions according to Adcock (2001), is the essential difference between qualitative and quantitative research. The research sought an emic understanding of how child protection workers operationalise child neglect and thus indicated the use of qualitative methods.

However, it is clear from an examination of previous research that the contested meaning of child neglect reveals considerable variation among professionals about what constitutes child maltreatment (Gough 1996) and less agreement around child neglect than around other forms of maltreatment (Daniel 1999; Turney and Tanner 2001; Horwath 2005). There has been negligible attention given to exploring this issue in
Australia. In addressing the research question a number of subsidiary questions were posed which sought to describe the proportion of child protection workers in the Northern Territory, who agreed about what constitutes child neglect and the factors which influenced this decision. This latter aspect of the research study pointed to the use of quantitative methods.

Corbin and Strauss (1990, p. 36) argue that the ‘research question should dictate the method’. What information will most usefully answer the question, and ‘which strategies are most effective for obtaining it?’ (Le Compte and Preissle 1993, p. 30) Qualitative research, for example, may draw attention to the features of a situation that quantitative methods might miss (Shaw 2003) and quantitative methods are strong when ‘dealing with linkages, control, precision and larger data sets’ (Reid 1994, p. 477). Each method provides the researcher with different tools of enquiry. In this study the information which would usefully answer the research question, as identified above, suggested the use of both qualitative and quantitative methods. This indicated a mixed methods study; however, mixing methods did raise paradigmatic issues.

As a number of writers have pointed out, ‘the interrelationship of qualitative and quantitative methods is not only, nor even primarily about choice of methods...How we understand the relationship between different methodologies will, of course, be closely linked to the position taken on paradigms...’ (Shaw 2003, p. 63). The debate has been framed in terms of epistemology, that is, what is the best way to view the world? This
epistemological debate is itself nested ‘within an ontology: what is the nature of the world one wishes to know about?’ (Arnd-Caddigan and Pozzuto 2006, p. 429).

The purist position argues that different frameworks of inquiry embody fundamentally different and incompatible assumptions about the nature of social reality, claims to knowledge and what it is possible to know. Multi methods at the paradigm level are not an option (Shaw 2003, p. 63).

The idea that the researcher’s paradigmatic view of the world might be related to the way they went about researching the world was prompted by Kuhn’s (1963) pluralistic vision of the nature of science. Lincoln and Guba’s (1985) work on naturalistic inquiry provided a significant contribution to the ‘paradigm wars’ of the 1980s which was, in part, a reaction to the earlier dominance of the positivist world view (Bazeley 2004). This positivist paradigm privileged objective observation and measurement over exploring and interpreting subjective experience or the ways in which reality was socially constructed (Bazeley 2004).

However Seale (2002) suggests this is not so straightforward, that most research techniques can be located in more than one paradigm:

...triangulation can be thought of within a realist philosophical perspective in which different data sources (say an interview combined with observation) converged on a point to reveal a single point. Alternatively, data triangulation can be read as a technique for providing multiple perspectives on a problem,
with discrepancies between data sources being themselves ‘findings’…The metaphor of a crystal refracting beams of light in many directions rather than a triangle, then becomes more appropriate, but it is clear that such usage can be related to constructivist or post-modern perspectives, yet the techniques for producing the research materials necessary for this effect remain the same (p. 102).

Different ways of ‘knowing’ are appropriate to different types of questions and ‘various ontologies may be situationally appropriate’ (Arnd-Caddigan & Pozzuto 2006, p. 433). There is no need for ontological orthodoxy: it is ‘neither necessary nor even desirable’ (Arnd-Caddigan and Pozzuto 2006, p. 435). Ontologies are ultimately belief systems, and ‘ontological and epistemological questions are not empirical questions. They are neither subject to resolution via empirical analysis nor is necessary that there be a single answer to the question, though continued reflection and discussion is desirable’ (Arnd-Caddigan and Pozzuto 2006, p. 435).

Reid (2002) suggests the debate about epistemology and methods fails to answer the key question: how important is epistemology anyway? The intensity of this debate indicates that for some researchers it is critical, however, for others epistemologies are primarily useful for the methods they produce. These methods can then be used in various combinations leaving their epistemological foundations behind (Reid 2002).
Seale (2002, p. 99) argues that research is ‘primarily a craft skill, relatively autonomous from philosophical and theoretical considerations, but drawing on these to feed creativity or loosen trapped thoughts…social researchers ought to feel that the skills they possess are good enough for many purposes without the need to resolve philosophical or social theoretical disputes before proceeding with research’. The important issue in this pragmatic approach is getting on with the job and not getting tangled up in debates which cannot be resolved (Patton 2002). Such a pragmatic approach has been criticised for being anti-intellectual (Trinder 1996), although Kazi (2000) suggests that the advent of pragmatism is itself a consequence of the epistemological debate:

...in the sense that this debate has helped to (i) recognise the limitation of the methods associated with each paradigm, and (ii) to enable the realisation that qualitative methods are acceptable and can be combined with quantitative methods to present a more comprehensive approximation of reality (Kazi 2000, p. 761).

Gilgun and Abrams (2002) argue that the complex nature of social work practice requires methodological pluralism and quote with approval Hartman (1990, p. 3) who says:

...there are many truths and many ways of knowing. Each discovery contributes to our knowledge, and each way of knowing deepens our understanding and adds another dimension to our view of the world.
This refocuses attention to the research question: what methods can best answer what it is we want to know?

Knowledge generated from these diverse methods can explore, describe and explain key questions concerning the origins of client and community problems and effective social work responses to these problems (Gilgun and Abrams 2002, p.47).

Thus, while different orientations may have different quality criteria, divergence does not have to be a problem as long as these criteria are made clear (Patton 2002). The real issue, according to Patton (1989, p. 181) is ‘methodological flexibility and appropriateness’. The following section outlines the way in which the need for methodological flexibility has influenced the study’s research design.

4.3 Research design

The debate about the nature of difference between the underpinning paradigmatic view of qualitative and quantitative research has been discussed. Whilst the study was influenced by social construction, the preceding discussion refocussed attention on the research question, and which methods could best answer the research question which investigates how child protection practitioners in the Northern Territory operationalise child neglect. The current study adopted a pragmatic approach (Grbich 1999) favouring methodological flexibility to answer the research question, and concluded there was a
need to incorporate both qualitative and quantitative methods, and data, to answer the research question.

4.3.1 Exploratory study

The study was a mixed methods exploratory study. Whilst there is international research typically utilising quantitative methods (as discussed in Chapter Three) which explores child protection work, including with minority or marginalised families, child neglect is under explored in the research; there is no Australian research which explores how child protection practitioners operationalise child neglect, and no research attention is given to how this impacts on Indigenous families. Given the dearth of information about this area of practice, the knowledge objective was developmental and the study conceptualised as exploratory. This study endeavoured to build the knowledge base about Australian and Northern Territory child protection practice with cases of child neglect and with Indigenous families. The study’s primary aim sought to explore and describe the ways child protection workers operationalise child neglect from their perspective and how they view their role in cases of child neglect; to describe the level of agreement among child protection workers about what kinds of care situations constitute child neglect; and to describe the factors which influence the ways works operationalise child neglect.
4.3.2 Mixed methods

Bazeley (2004) stresses that it is important in mixed methods research to clarify just what is being mixed, and how it is being mixed. It is rare for designs to be truly integrated (Greene, Caracelli and Graham 1989). Most, according to Bazeley (2002, p. 3) focus on:

...the use of component (parallel or sequential) designs in which the different elements are kept separate, thus allowing each element to be true to its own paradigmatic and design requirements (but raising the issue of whether in such cases, these really do constitute a mixed methods study, or rather, are two separate studies which happen to be about the same topic).

It is critical that when methods are mixed, as they were in this study, the rules regarding the utilisation of each method must be carefully considered and adhered to (Bazeley 2002). He criticises those studies which are primarily quantitative with a few interviews that are conducted only to supplement the quantitative data. This, Bazeley (2002) suggests, reduces the standing of qualitative data and quotes Patton (1989) who likens this approach to a comparison between ‘loving intimacy and a one night stand’ (Bazeley 2002, p. 4). Similarly, he notes that assumptions regarding sampling are different for qualitative and quantitative research, and the inappropriate application of the rules of one approach distorts and potentially invalidates the assumptions of another (Bazeley 2002, p. 5).
Bryman (2006, p. 98) suggests that the following questions need to be considered when planning a mixed methods study:

- Which has priority: the quantitative or qualitative data?
- Are the qualitative and quantitative data collected simultaneously or sequentially?
- What is the function of the integration, for example, triangulation, explanation or exploration?
- At what stage in the research process does multi-strategy research occur: for example, question formulation, data collection, data analysis or data interpretation?
- Is there more than one data strand?

Although Bazeley (2002; 2004) raises the question of whether the sequential collection of data, keeping quantitative and qualitative methods separate is really a mixed method study, rather than two separate studies answering the same question, this approach was adopted in this study. The current exploratory study, which aimed to build knowledge, is primarily a qualitative study. Complementary quantitative data was collected to inform the qualitative interviews; to complement the qualitative findings, to improve the utility of the study and to expand the study, that is, to ‘extend the breadth and range of inquiry by using different methods for different inquiry components’ (Greene, Caracelli and Graham 1989, p. 259). Morse (1991) contends that even when a mixed methods approach is used, they are not necessarily weighted equally.
4.3.3 Research methods used in the study

In order to answer the research question, quantitative and qualitative data was collected sequentially, beginning with the quantitative data.

4.3.3.1 Quantitative methods

A postal questionnaire including vignettes was used to collect data to answer the research question in its entirety and to address the specific research questions which investigated the level of agreement among child protection workers in the Northern Territory about the sorts of care situations which constitute child neglect, and what factors influenced this decision.

Vignettes have long been used to study attitudes, perceptions, beliefs and norms within social science (Finch 1987). They have been used extensively in social work research particularly in studies of social work decision making (Bebenishty, Osmo and Gold 2003; Sheppard & Ryan 2003; Platt 2006).

Vignettes are brief written, spoken or pictorial representations of people in life like situations (Finch 1987) and may be used in qualitative or quantitative research. Their use in qualitative research, the ‘non-directive vignette’ has the advantage of allowing the respondent to have a measure of control over the definition of the situation (i.e.
does not presuppose that people share the same definition) and can result in wide ranging accounts. In quantitative research responses are categorised using a Likert scale enabling the responses to be compared and described using descriptive statistics. Vignette questionnaires have been used in this way to study child neglect among social workers in the United Kingdom (Stone 1998; Horwath and Bishop 2000). Patton (2001) supports employing Likert-type scales which do not include a mid-point in the development of scales.

Vignettes ‘selectively simulate elements of the research topics under study, but like any research tool, they can never mirror completely the reality and dynamics of people’s lives’ (Hughes 2002, p. 383). In comparison with ‘real life’ they are static. ‘A text provides limited information and details must be filled in or left out, whereas life has all the details readily available’ (Parkinson & Manstead 1993, p. 306). In the ‘real world’ of child protection, child neglect itself is uncertain and ambiguous, and child protection decision making occurs in a context of uncertainty and often limited information, so the lack of readily available details, or all the details you might want before making a decision, is congruent with child protection decision making.

Further, this selectivity can be used to advantage; by simplifying the real world vignettes can help to disentangle the complexities and conflicts present in the real world and may reflect what practitioners might want to do if the complexities of real life did not get in the way (Hughes 2002). In addition, vignettes can be valuable in detecting subtleties
and nuances that only insiders are usually aware of (Sumrall and West 1998) they can be based on real life events and case studies.

In addition to the inclusion of vignettes in the postal questionnaire, study participants were asked to indicate their level of agreement, again using a Likert scale, to a series of statements about the difficulties of working in cases of child neglect. The statements were generated through a review of the literature around child protection decision making, and this approach has been used previously in the United Kingdom by Stone (1998), Horwath and Bishop (2000) and Horwath (2005).

4.3.3.2 Qualitative method

As noted earlier there is little qualitative research that has explored in depth how child protection workers operationalise the concept of child neglect in their practice, and none that could be located in the Australian context. Understanding practice issues from the perspective of practitioners indicated the need for interviewing. Qualitative data was collected using an in-depth interview in which respondents were ‘active participants whose insights, feelings and cooperation are essential parts of a discussion process that reveals subjective meanings’ (Neuman 2006, p. 406).

The interview was facilitated by utilising a Critical Incident Technique (Flanagan 1954; Fook 1996). Fook (1996) suggests that this technique is suitable for social work research
as it allows a detailed focus on the issues that are important and salient for the worker. This method has been used to explore aspects of health practice from workers’ perspectives (Bradley 1992; Colnerud 1997; Bendtsen et al. 1999); in exploring social workers’ construction of risk in child protection work (Stanley 2005) and to examine factors considered by professionals when they apply the standard best interests of the child (Banach 1998). It is useful for developing classifying or formulating ‘themes, categories or taxonomies’ (Cheek et al. 1997, p. 669).

A critical incident may be understood as ‘one in which something of special importance seemed to happen, something either positive or negative, that, that might offer valuable new insights’ (Rubin and Babbie 2008, p. 427). The critical incident technique is based on factual accounts of real events in which the purpose and consequences of behaviour are clear. The interview is based on the specific reasons for actions and behaviours; and incidents are categorised using inductive judgements rather than using any pre-existing theoretical model (Bradley 1992).

A critical incident is composed of two facets: first, the critical incident, defined as a snapshot, vignette, brief episode, situation or encounter which is of interest and, second, a reflective examination of the incident (Minghella and Benson 2006). The reflective component involves engaging with and exploring the incident on both cognitive and affective levels with the goal of reaching a new and transformative understanding of the incident (Minghella and Benson 2006). Although the critical
incident technique presumes that respondents will talk about a discrete incident, Cheek et al. (1997) found that this need not always be the case. Their analysis indicated that:

...critical incidents need not always be demarcated scenes with a clear beginning and end, but may arise from respondents summarising their overall experience within the description of one incident...The researchers found that the most basic unit of analysis was not the incident itself, but the ‘happenings’ that are revealed by incidents (p. 669).

The technique proves useful for generating discussion about a topic in a way that is ‘real’ for the respondents, and not abstract or idealised. However, as Cheek et al. (1997) note, not all participants in the study came to the interview with a clearly demarcated case, and some interview participants did not come with a case at all.

4.4 Data collection

This section outlines the sampling strategy, how participants were recruited, data collection instruments, issues of validity and reliability in relation to data collection and the strengths and limitations of the study.

4.4.1 Sampling

In this study purposive sampling was used in order to focus on a discrete population of child protection practitioners in a specific location. Eligible study participants for both
the quantitative and qualitative phases of the research were those who met the following criteria:

*Employed within Family and Children’s Services in the Northern Territory and involved in service delivery or decision making about child neglect as an Aboriginal Community Worker, Community Welfare Worker, Advanced Practitioner, Team Leader or Manager excluding those employed in the Mobile Child Protection Team and/or the Child Abuse Taskforce.*

Purposive sampling is used to select members of specialised or hard to reach populations (Neuman 2006, p. 222) in order to ‘select information rich cases for in-depth study to examine meanings, interpretations, processes and theory’ (Rice and Ezzy 2002, p. 43).

Qualitative data collection was guided by theoretical sampling, the aim of which was to refine ideas, and not to increase the size of the original sample. The initial sample was chosen for its relevance to the research problem, however as categories were refined and developed, and as suggested by Charmaz (2000, p. 519) ‘gaps in our data and holes in our theories’ emerged, which required that the researcher ‘go back to the field and collect delimited data to fill those conceptual gaps and holes’ (Charmaz 2000, p. 519). The sample size therefore was not determined on statistical grounds: the criterion for the ending of fieldwork was ‘theoretical saturation’; this occurred when no new or relevant data emerged regarding a category (Corbin and Strauss 1990, p. 188).
A study has *theoretical rigour* if it integrates the research problem with the method it utilises and the concepts it employs (Ezzy and Rice 1999). Sampling here is important:

For each sampling decision, therefore, you should ask whether this person, or these people, or this or these documents....can potentially tell you what you want to know (Mason 1996, p. 90).

Rather than, for example, focus on how many interviews the qualitative researcher should explore ‘what type of interview and with which actors would be most sensible given the purpose of my study and the exploratory questions that guide my study?’ (Jenesick 2000, p. 391). For qualitative researchers ‘it is their relevance to the research topic rather than their representativeness which determines the way in which the people to be studied are selected’ (Flick 1998, p. 41). The primary purpose of sampling in qualitative research is to collect specific cases that can clarify and deepen understanding and the use of purposive sampling was justified by the need to focus on child protection practitioners in the Northern Territory.

As described above, this study was a mixed method study, utilising quantitative and qualitative data collection methods. Quantitative research typically uses probability sampling to ensure representativeness, because *saturation sampling*, or surveying a total population is generally not possible. However, in this study, it was technically feasible to survey the total population of people and, as described in the following section, questionnaires were distributed to each person who met the study criterion (the purposive sample).
Two work teams were excluded from this research. The Child Abuse Task Force, made up of child protection workers and Northern Territory and Australian Federal Police was developed to deal specifically with cases of serious child abuse, primarily multi-victim sexual abuse, and had little to do with cases of child neglect. The Mobile Child Protection Team, based in Darwin but responsible for travelling throughout the NT to assist with any back log of unallocated cases, had been struggling to attract staff and most positions had been vacant for some time. On a day to day basis it was not possible to discover whether positions were filled or vacant. This team was excluded for pragmatic reasons.

4.4.2 Recruitment to the study

Prior to the commencement of the study, approval was sought from the then Director of Family and Children’s Services to present the goal of the research study to all child protection staff. The personal approach to providing initial information about the research responded to the intense media and public scrutiny focussing on the child protection service. The researcher was aware that child protection workers in the Northern Territory were feeling somewhat besieged and suspicious. Moreover, ‘small town etiquette’ dictates that the personal approach is the correct process to adopt in order to demonstrate interest and respect for the workers and their work. Unfortunately the Director was no longer employed at the time the data collection phase began, and his enthusiasm for the research study was not matched by his
replacement. Whilst there was no opposition to the research, the commitment to facilitate the research was less forthcoming.

An outline of the study process and methods was presented to child protection workers at staff meetings across the Northern Territory. All but one of the child protection offices were visited to present the research, distribute questionnaires and invite participation in the interviews during the period October 2008-February 2009. This necessitated a one thousand kilometre round trip by road to Tennant Creek (incidentally trying to beat rising flood waters on the return journey); two separate air trips to Darwin (one thousand five hundred kilometres away), and one trip to Katherine, three hundred kilometres south of Darwin. The office in Nhulunbuy (two thousand kilometres away) had only one staff member during this period and so was not visited although information about the research was posted to the staff member.

Attendance at the research presentation was varied, largely dependent on the goodwill and interest of the local office manager. A number of presentations were scheduled and cancelled. In addition, many child protection workers, particularly in the Darwin and Alice Springs offices were on short term (three to six month) contracts and interest was minimal.

The local office presentation advised child protection workers there were two ways to participate in the research: complete a questionnaire and/or participate in an in-depth
interview. At the conclusion of the presentation information sheets relating to both the quantitative methods (questionnaire) and qualitative methods (in-depth interview) and copies of the questionnaire attached to a stamped addressed envelope were distributed. The number of questionnaires left in each office was determined by the number of current filled eligible positions in each office. Those child protection workers who wished to participate in the interviews contacted the researcher directly.

In order to maximise participation in this research, a flyer reminding child protection practitioners of the research, and an email advising of the closing date for questionnaire return, was sent to each office three weeks after the presentation and distribution of questionnaires and information sheets.

4.4.3 Informed consent

A fundamental ethical principle of research is that participation must be voluntary, unless there are compelling public interest justifications to waive consent. It is not enough to get permission, participants must understand what they are being asked to participate in and how their information will be used.

In this research study, participants were provided with an Information Sheet which outlined: the purpose of the research; methodology used; a guarantee of anonymity and confidentiality of records; assurance that participation was both and could be
withdrawn at any time without reason; and the proposed benefits of the research. The provision of such information and the process of ensuring that participants understood the provisions and guarantees (transparency of process) within supports the principles of Respect, Spirit and Integrity and Responsibility as outlined in the National Health and Medical Research Council *Guidelines* for research involving Aboriginal and Torres Strait Islander peoples (NHMRC 2003).

The Information Sheet and Consent Form are attached to this thesis at Appendix 1 and Appendix 2.

4.4.4 Confidentiality

Confidentiality refers to agreements reached between participants and the researcher about what will be done with the data following collection and the ways in which it will be kept secure (Neuman 2006). All interviews in this study were transcribed by the researcher, paper notes and interview transcripts kept in a locked filing cabinet and voice recording of interviews in a password protected computer file. Names and identifying information of participants were stored separately from transcripts.

Whenever information from the interview participants was used in the thesis it is done so in a manner that does not identify individuals. This supports the principles of Responsibility (NHMRC 2003).
4.4.5  *Quantitative data collection instrument: the postal questionnaire*

In answering the primary research question which investigated how child protection practitioners in the Northern Territory operationalise child neglect, the collection of quantitative data also addressed the following specific research questions. Firstly, what level of agreement is there among child protection practitioners in the Northern Territory about the sorts of situations that are assessed as being child neglect? Secondly, what factors influence assessments of child neglect by child protection practitioners in the Northern Territory?

Data were gathered using a postal questionnaire. A copy of the postal questionnaire is attached at Appendix 3. The postal questionnaire explored the level of agreement among child protection workers throughout the Northern Territory about the types of care situations which constitute child neglect and the key influencing factors for this decision.

**4.4.5.1 Pilot testing of the postal questionnaire**

The postal questionnaire was pilot tested with four former child protection workers to receive feedback about the survey design (e.g. clarity, relevance) and the ‘realness’ and relevance of the vignettes. The former child protection workers who were consulted during the pilot phase of this questionnaire indicated that these statements ‘made
sense’ to them in terms of the issues that surround child protection practice with cases of child neglect.

The postal questionnaire was also pilot tested with four administrative staff who lacked content knowledge to enhance the likelihood that instructions were clear. The administrative staff provided invaluable suggestions, and it became clear to the researcher that the experienced workers had overcome deficiencies in the original wording because they ‘knew what I was getting at’. The administrative staff, lacking content expertise, highlighted where instructions were less than clear, asking instead “what are you trying to get at?” Their feedback improved the questionnaire enormously. Pilot testing indicated that the questionnaire took between twenty minutes and half an hour to complete

4.4.5.2 Design

The cover of the postal questionnaire was designed to immediately engage potential study participants and featured a typical Central Australian ‘road shot’. A brilliant red dirt road stretches away against a bright blue sky, with white fluffy clouds, and green foliage on the road verge. This was designed so that it would be attractive and stand out among paper work on a worker’s desk, potentially acting as a prompt to workers to complete. The questionnaire was produced as a booklet, with 14 pages. The postal questionnaire had six sections, five of which contributed directly to this research. Each
section was colour coded, and the page layout designed to maximize the use of white space, so that the look was clean and uncluttered.

The postal questionnaire was organised to move from demographic and factual information (gender, age, highest completed educational level, job title, length of experience working for the agency, length of experience working in statutory child protection work elsewhere and current role) to asking study participants to respond to a series of vignettes and statements.

The postal questionnaire did not ask the study participants to identify themselves or the locality of the office in which they worked. Given the relatively small size of the child protection workforce in the Northern Territory a decision was made not to analyse data at the office level in case this enabled respondents to be identified. This was particularly critical in the case of Aboriginal Community Workers who form the smallest occupational category in the child protection workforce, and at times there are only one or two workers in this category in an office. A decision was made for the questionnaire to be anonymous in order to maximize the return. The decision arose from a belief this might encourage responses from practitioners who, given the climate that prevailed at the time of this research, ay otherwise have been reluctant to participate in a research study.
Sections One and Two of the questionnaire asked participants to provide details about themselves (including gender, age, educational qualifications) and their job (including job title and years of experience in child protection work).

In Section Three, study participants were asked to respond to a series of six vignettes, labelled child care stories, by:

- rating the level of care from adequate to dangerously inadequate;
- responding to a statement stating that the vignette describes a case of child neglect on a 4 point Likert type scale from strongly disagree to strongly agree. This scale does not provide a mid-point thus preventing participants from indicating, for example, an undecided response; and
- choosing from a list the key factors which influenced their decision. Participants were also given an ‘other’ choice if a key factor which influenced their choice was not provided. Participants could choose more than one key factor.

Participants were not asked to rank in importance the key factors. This decision was made in order to gather all information study participants assessed as relevant without an additional and time consuming task. The key factors were identified from the research literature and from the process of piloting the questionnaire.

The children described in the vignettes ranged in age from one to 14 years, and were both boys and girls. The vignettes suggested poor physical care, abandonment, unsafe
environment, lack of supervision, unrealistic parental expectations and lack of school attendance. The vignettes were not explicit about whether harm could be observed. The vignettes implied questions about chronicity, poverty, parental intent, indispensable minimally adequate levels of care, protection from danger and the emotional context in which care is provided.

Section Four asked participants to respond to ten statements, generated from the literature review, about child neglect. A five point Likert type scale was used which included a ‘neither agree nor disagree’ choice, and ranged from strongly disagree to strongly agree. Here participants were given a mid-point (neither agree nor disagree) since it is reasonable to assume that they may not have a clear view on all of the statements. The statements were as follows:

1. Child protection services should only get involved in families when there is identified harm to the child.
2. Child neglect should not be substantiated when the family is living in poverty.
3. Even if the physical care of the child is not adequate, if the child seems loved, child protection services should not get involved.
4. The boundary between poor quality parenting and child neglect is clear for me.
5. Whether a situation is one of child neglect or not depends on the views of individual workers.
6. I struggle to assess child neglect in cultures that are different from my own.
7. An important factor for me in deciding whether something is child neglect or not is whether I can do something about it.

8. I find it difficult to know what is reasonable to expect of poor families.

9. Child neglect definitions reflect white middle class values.

10. I find it hard to know what to do in cases of child neglect: there are so many issues to address.

The statements were developed after reviewing the literature for issues which succinctly illustrated the difficulties child protection workers have with responding to cases of child neglect. For example, statement one (above) arose from the debate as to whether observable harm is necessary to the definition of child neglect or whether waiting for evidence of harm is having waited too long (Ayre 1998; Smith and Fong 2005). Statements two, three, four and eight respond to research that illustrates the professional ambivalence which exists about the boundaries between poor quality parenting and child neglect, particularly in a context of deprivation (Stevenson 1998a; Buckley 2003). In addition the work by Minty and Pattison (1994) who describe worker’s descriptions of children as being dirty, but happy, and the ‘rule of optimism’ as described by Dingwall (et al 1985) suggested statement three. Statements five, six and nine respond to research which highlights the difficulty that workers experience in working with cultures different than their own and the struggle not to be judgemental (Cemlyn 2000; Buckley 2000; Turney and Tanner 2001; Horwath 2005). Statement seven was developed through consultation with ex-child protection workers and
primary health care staff, and the literature suggesting that the recognition of child neglect appears to be influenced both by a worker’s understanding of the concept and their perceived ability to effect change (Minty & Pattison 1994). Statement ten responds to research which illustrates that social workers feel overwhelmed in cases of child neglect (Horwath 2005).

In the final section participants were provided with the opportunity to provide free text about either the questionnaire or issues to do with child neglect.

4.4.5.3 Issues of validity and reliability: quantitative method

Vignettes should be easy to follow and understand, consistent, credible and not too complex. Wilks (2004, p.82) suggests the ‘biggest methodological questions for those using vignettes have been about validity….Put simply, these are questions about how far the situation depicted in a vignette genuinely represents the phenomenon being explored’. Do the vignettes have content validity and do the vignettes have face validity? Most commonly experts not involved in the study are used to pre-test the ‘realness’ of the vignettes to address issues of content and face validity (Wilks 2004).

This study followed the suggestions outlined in Grinnell (2001, p. 184-189) for maximizing external validity and Rubin and Babbie (2008) regarding reliability: the postal questionnaire included an Information Sheet for research participants which
described the study; addressed the issue of anonymity and confidentiality, and, in order to avoid socially desirable responses, assured participants there were no right or wrong answers. Additionally, the postal questionnaire only asked questions relevant to the research question and only asked about topics the participants were likely to be able to answer.

As previously discussed the postal questionnaire was piloted with both content experts and non-content experts to ensure content and face validity, external validity and reliability.

Although one of the drawbacks to using postal questionnaires is a low response rate, they are useful for collecting information from widely dispersed populations. The failure to receive a response from every respondent weakens a survey, and non-response can be a major problem for survey research (Neuman 2006). Curtis and Redmond (2009) state that response rates can commonly be as low as twenty per cent, and Buckingham and Saunders (2004) suggest that they can be as low as ten per cent. A recent Australian medical workforce study (Joyce et al. 2010) which, like this study, invited the whole population, rather than a sample, of doctors to participate received a response rate of 19.36 per cent, and concluded only minor response bias, echoing Schoenman et al. (2003) who suggest that response rates are only a crude proxy for quality. Nonetheless the question remains: are those who did not respond different in some important way, such as age, gender or years of experience, from those who did
respond? The lack of Northern Territory child protection workforce data made this question ultimately unanswerable, although participants were compared to national workforce data where possible.

4.4.6 Qualitative data collection instrument: the in-depth interview

The qualitative aspect to this research study sought to capture the complexity of child protection practice in cases of child neglect and to explore how the meaning of child neglect is created within the context of the Northern Territory. It sought to explore the knowledge and values that practitioners bring to the work, and to capture the important factors (from the perspective of practitioners) operating in the milieu in which that practice occurs. This study utilised in-depth semi-structured individual interviews in which respondents were ‘active participants whose insights, feelings, and cooperation are essential parts of a discussion process that reveals subjective meanings’ (Neuman 2006, p. 406).

In answering the primary research question which is to investigate how child protection workers in the Northern Territory operationalise child neglect, qualitative data collection answered the following specific research questions. Firstly, how do child protection practitioners in the Northern Territory view their role in working with cases of child neglect? Secondly, what factors influence assessments of child neglect by child protection practitioners in the Northern Territory?
The interview began by checking that the participant had read and understood the information sheet previously sent to them. This stage occurred prior to seeking consent for the interview to proceed. Additional copies of the information sheet were provided.

Demographic information was collected to enable comparison between those who participated in the interview with those who participated in the postal questionnaire. This information was asked at the beginning of the interview since it is straightforward and factual, and enabled participants to begin the interview clearly ‘knowing the answer’. It also provided an opportunity for engagement and developing rapport as participants were able to talk about where, for example, they had studied or worked prior to coming to the Northern Territory. The demographic information was recorded on an interview cover sheet.

All interviews (excluding the answering of the demographic questions) were audio taped using a small digital voice recorder. Voice files were transferred to a password protected computer file, and then deleted from the voice recorder. All of the interviews were transcribed by the researcher, and a copy of the transcript sent back to the participant for editing and/or approval.

An interview guide was developed to guide the interview ‘proper’ (see Appendix 4). This began with a general question which explored the factors that impact on child protection work, either positively or negatively. The question provided the participants
with an opportunity to talk about the context of their practice. This was followed by a question asking how they would help the researcher, if she was a new worker, understand what child neglect is. Finally, participants were asked to talk about a case, using the Critical Incident Technique, or if they did not come with a ‘case’ to talk about their work with cases of child neglect.

Probing questions, generated from the review of the research literature and from analysis of the postal questionnaire, were used to explore the participant’s responses. A flexible approach was adopted, especially in relation to the probing questions, which enabled each interview to focus on the area of most importance to each participant and to ensure that the researcher could respond if a participant’s responses moved into new or unexpected territory. The interview guide contained prompts for the researcher to enable the exploration of issues previously raised in the literature.

For this study, interview participants were asked to prepare for the interview by thinking about a case involving child neglect. Participants were advised that this case should be one where there was difficulty or disagreement in deciding whether or not neglect should be substantiated, or where the worker felt the case raised issues for them. Where appropriate, discussion about the case began with questions directly related to the concerns referred and then encouraged the participant to expand and reflect on the incident, the concept of child neglect and the factors that impacted on the assessment of neglect.
4.4.6.1 Issues of validity and reliability in interviewing: interviewer bias

The researcher was not completely an ‘outsider’, having previously worked within the child protection service for a number of years, including with some of the people who, at least in the early stages of the study, were in ‘gatekeeper’ roles within the organisation; this probably facilitated the initial stages of this study. However, ‘insider’ research is seen by some as problematic: there is always a concern about loss of objectivity; of interpreting data through rose coloured glasses, although as Chavez (2008) notes these concerns are largely theoretical and little empirical research has occurred. Problematic issues in insider status can occur through the whole research process, from recruitment, data collection and data analysis.

Not all researchers consider being an insider problematic. A number of writers consider immersion in a culture critical if the researcher is to achieve an understanding of the nature of the situation (Hewitt-Taylor 2002) and that engagement, not detachment is required of the qualitative researcher (Sandelowski 1986; Chavez 2008). Objectivity of the findings, not of the researcher, is what is paramount. Further, Naples (1996) suggests that insider/outsider positions are neither fixed nor static, and neither position has a monopoly on objectivity.
Chapter One outlined the researcher motivation for this study which arose from *engagement* with both the research context and the research question. This engagement facilitated access to the child protection workforce (access which is critical to answer the research question) and enabled understanding of the research context as recommended by Hewitt-Taylor (2002). In this regard, the researcher position which straddles the insider/outsider boundary served to assist in answering the research question.

Nonetheless, as Chavez (2008) indicates, there is always the possibility that, due to familiarity of the researcher with a participant, the style of the encounter may shift from interview to conversation, and that reference may be made to previous conversations. Following Chavez (2008) the following steps were taken to ensure that the focus in this study remained an interview and not a conversation.

Firstly, where the researcher had previous contact with a participant, a clear statement was made about the distinction between this interview encounter and any previous conversations. For example, at times interview question were asked about topics the participant assumed the researcher already knew the answer to. If a participant said, ‘Well, you know what I mean’ or similar, the researcher reminded them that they needed to ‘pretend’ that the answer was not known. Finally, transcription the researcher listened closely to the audio tapes alert for moments where the interview
slipped into conversational style, or where there was an uncritical acceptance of the assumption of prior knowledge.

4.5 Data analysis

4.5.1 Quantitative Data Analysis

An Excel spread sheet program was used to assist with quantitative data analysis. This enabled relationships to be identified and assisted with the graphic representation of findings. Quantitative data was analysed after this phase of data collection was completed, and before beginning qualitative data collection. Given the exploratory nature of this study, quantitative data are presented descriptively, using measures such as frequency counts or percentages.

4.5.2 Qualitative data analysis

Qualitative data were analysed using thematic analysis. Boyzatis (1998, p. 4) suggest thematic analysis is ‘not another qualitative method but a process which can be used with most, if not all, qualitative methods’. It involved searching for themes that emerged from the data that were important to the description of the phenomenon and involved ‘careful reading and re-reading of the data’ (Rice and Ezzy 1999, p. 258). Boyzatis (1998, p. 161) describes a theme as a ‘pattern in the information that at a
minimum describes and organises the possible observations and at a maximum interprets aspects of the phenomenon’.

Prior to the identification of themes the data was coded. A code is ‘a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute’ (Saldana 2009, p. 3). It requires the ability to recognise the ‘codable moment’ (Boyzatis 1998, p. 9). The act of coding requires an analytic lens, and, ‘how you perceive and interpret what is happening in the data depends on what type of filter covers that lens’ (Saldana 2009, p. 6). All coding is, according to Sipe (2004, p. 482-3) ‘a judgement call’ bringing with it ‘our subjectivities, our personalities, our predispositions [and] our quirks’ to the activity.

Codes may be developed prior to collecting data, developed from the research literature, hypotheses or key variables that the researcher brings to the study, or inductively, that is arising from the data, and appear with ‘the words and syntax of the raw information’ (Boyzatis 1998, p. 30). The method of analysis used in this study was an inductive, data driven approach since the emphasis in this study was on ‘illumination, understanding and extrapolation’ rather than ‘causal determination, prediction and generalisation’ Patton (1990, p. 424). Whilst codes were not developed prior to data analysis in this research, the data was approached with what might be referred to as sensitising concepts. According to Blumer (1954, p. 7) sensitising concepts ‘the user a general sense of reference and guidance in approaching empirical instances. Whereas
definitive concepts provide prescriptions of what to see, sensitising concepts merely suggest directions along which to look.’ For example, during data analysis of the qualitative data the researcher looks for instances of, and departures from, the factors that study participants indicated influence decision making in the postal questionnaire. Gilgun (2002, p. 4) suggests research ‘usually begins with such concepts, whether researchers state this or not and whether they are aware of them or not’.

Data analysis occurred simultaneously with data collection as recommended by Coffey and Atkinson (1996); they suggest there are two phases of data analysis which occur both during and after collection, and this study adhered to this principle. The initial analysis of the data began by asking questions of the data as described by Patton (2002) in order to inform subsequent data collection and to inform, though the identification of codes, the emerging thematic analysis.

The QSR Nvivo data management programme was used to assist with qualitative data management. However, data was not entered into this programme until the transcripts had been read at least three times and transcripts manually coded. The decision to manually code, to use large pieces of butchers paper and a whiteboard to record data categories, to physically move the yellow post it notes around on butcher’s paper as themes emerged and patterns of convergence and divergence (Patton 1990) were identified was influenced by Graue and Walsh (1998, p. 145) who recommend to ‘Touch the data.’
As recommended by Grbich (2007, p. 21) the data were revisited multiple times, applying and reapplying codes in order to ‘consolidate meaning and explanation’. It was after this process data was entered into the QSR Nvivo software management program. Codes were entered as nodes, and these matched with segments of text from each interview that were representative of the node. The segments were then sorted. However, even after this process the paper copy of the complete transcript was regularly referred to, in order to avoid losing sight of the whole and avoiding the possibility of seeing the interviews as only text reduced to segments of coded data in the software program.

The next stage involved the identification of categories, or patterns. Bernard (2006, p. 452) states this begins analysis, since analysis is ‘the search for patterns in data and for ideas that help to explain why those ideas are there in the first place’. Data categories were grouped in order to search for recurring themes in a process called discovery by Maykut and Morehouse (1994). Some of these categories remained as they are, others integrated within existing headings.

Although the process of data analysis as presented here suggests a linear process, in reality it was more iterative, reflexive and circular, an interactive process described by Tobin and Begeley (2004) as key to the overarching process of ‘goodness’.

241
4.5.3 Issues of validity and reliability in qualitative data analysis

In order to reflect the belief in multiple constructed realities, qualitative researchers have come to understand terms such as validity and reliability in ways different to quantitative researchers. Rice and Ezzy (1999, p. 30) use the term rigour to refer to the issues that are raised by the terms validity and reliability. Validity means truthful. In qualitative research ‘the primary focus is obtaining a comprehensive and truthful representation of a particular context’ (DePoy and Gitlin 1998, p. 283). Reliability refers to ‘the consistency or dependability of the instrument or measurement strategy’ (Goodwin and Goodwin 1984, p. 417). To say that a study has validity and reliability, is to ‘say something about the relationship of the research findings to the object of the study’ (Rice and Ezzy 1999, p. 31). That is, is the explanation credible and do the participants recognise their world in the account?

Lincoln and Guba (1985) label this as a concern with the trustworthiness or credibility of an account and have outlined a number of strategies which enhance the confidence in the credibility of the findings from a qualitative study: to what extent are the biases and personal perspectives of the researcher identified and considered in the data analysis and interpretation; and what actions has the researcher taken to enhance the credibility of the research. The basic actions to be taken are triangulation, saturation, member checks, reflection, audit trail and peer debriefing.
A study has *methodological rigour* if the researcher can provide an explicit account of how the research was conducted by maintaining and reporting an audit trail of methodological and analytic decisions. This was achieved in this study, by the researcher keeping a journal of process notes (day to day activities, reflections on the process, methodological notes and decision making procedures) as well as writing memos to reflect on the research process.

*Interpretative rigour* occurs when the study ‘accurately reflects the understandings of events and framework and world view of the people engaged in them’ (Rice and Ezzy 1999, p. 36). One way of achieving this is to demonstrate how the interpretation was achieved: this may be demonstrated by including the participants ‘direct voice’ in the research report, or by making them available to other researchers. This study utilises the direct voice of participants to report findings.

Member checks (Neuman 2006, p. 405) occur when a researcher takes field results back to members how judge their adequacy. A study is member valid if members recognise and understand the researcher’s description as reflecting their intimate social world. During the course of this study results were presented at a series of lunchtime seminars both in Alice Springs and Darwin, with video links to Katherine. Feedback sheets were be distributed to facilitate feedback from child protection workers.
4.5.4 Strengths and limitations of the study

4.5.4.1 Strengths

In exploring practice with cases of child neglect, this study explored a maltreatment type that is underexplored in the literature (Daniel, Taylor and Scott 2010). Further it explored an underexplored aspect of Australian research which is child protection practice both from the perspective of practitioners in the Northern Territory and with Indigenous families.

The social construction approach of this study has been discussed. This stressed that understanding the social world is historically and culturally specific, contingent on time and setting. The Literature Review highlighted the de-contextualised nature of much child protection research, which not only creates challenges for generalising study findings, but cannot provide this detailed understanding of the social world. As discussed in the Literature Review there are a number of qualitative studies which aim to provide this thick description and where context is important. However, they cannot comprehensively assist in understanding the social world that this study sought to understand. This study is explicitly focussed on a specific group of workers in a distinctive location, and aimed to provide a rich and detailed understanding of how child protection workers in the Northern Territory operationalise child neglect.
The use of qualitative methods in this study is a strength given the research aim of an *emic* understanding. The use of a Critical Incident Technique (Flanagan 1954) encouraged participants to tell their story, allowed participants to ‘share their singular experience’ and remained focussed on the issue which was the aim of the research (Sharoff 2008, p. 305). It is ‘rich in emotional colour’ (Sharoff 2008 p. 303) and allowed participants to identify and clarify meanings. The use of this technique is strength of the research which sought to gain insight into the meanings attached to the construct of child neglect, and the ways in which the construct is operationalised in the real world of practice.

This study does not claim to be representative of child protection workers elsewhere. Its particular strengths are firstly, that it involved participants across a whole jurisdiction and focused on an *emic* understanding of child neglect. Secondly, it payed considerable attention to the context of research and child protection practice to enable the study findings to be firmly located in a *place*.

4.5.4.2 Limitations

There may be particular limitations to this study given it occurred in the midst of considerable media scrutiny and an inquiry into the child protection service. This may have led workers to present themselves as more competent than they are (the social desirability bias).
A limitation of vignettes, used in the postal questionnaire, is the relationship between responses to the vignette and social reality (Barter and Renold 2000), that is, did participant responses demonstrate belief about what they ought to do, or revealing of actions, or what they would actually do. Whilst this is a limitation of the use of vignettes, this study combined their use with in-depth interviewing. This allowed for probing and follow-up questions and thus provided a more nuanced understanding of the construct under investigation.

The study used postal questionnaires, and, as indicated earlier one of the limitations to this method is a low response rate, with some suggesting response rates can commonly be as low as 20 per cent (Curtis and Redmond 2009). In this study the survey was distributed to a total population of eligible workers, rather than a sample of this population. Low response rates may weaken the survey findings, particularly if those who respond differ markedly from those who do not. Others suggest that response rates are a crude measure of quality (Schoenman et al. 2003). The lack of reliable data describing the child protection workforce in the Northern Territory complicated any definitive assessment about whether those who participated in this study reflect the broader workforce. Any limitations posed by a low response rate were minimised by the use of additional research methods. The study did not rely solely upon the data provided by the postal questionnaire; quantitative data supplemented that provided by in-depth interviews.
The decision to have an anonymous questionnaire meant that it was not possible to cross check responses with those participants who responded to both the questionnaire and the interview. It may have been useful, during interviews, to further explore the responses provided to the postal questionnaire. The anonymity of the postal questionnaire also meant it was not possible to identify how many individual practitioners participated in both data collection methods, or in the study as a whole. However, the use of qualitative methods, where data collection ceased once theoretical saturation is reached, makes the final total of participants in this study of less importance for the issue of quality of findings.

The recruitment method relying on voluntary participation, or self-selection, may present a limitation. Those who participated in this study may represent those who are particularly concerned by the construct of child neglect, rather than those for whom its operationalisation is a straightforward matter. If this is the case, the study may overestimate the difficulties faced by child protection practitioners in the Northern Territory. The understanding of how child neglect is operationalised presented in this study may reflect the views of those particularly challenged by the construct.

4.6 Ethical considerations

The study received ethics approval from three research ethics committees: the Central Australian Human Research Ethics Committee; the Human Research Ethics Committee
of the Northern Territory Department of Health and the Menzies School of Health Research; and the Monash Human Research Ethics Committee.

4.6.1 Risks

The topic of child abuse and neglect, particularly in Indigenous communities, is a sensitive issue. The work of child protection is emotionally difficult work. Participating in a research interview, being asked to reflect on this work and talk about it may be distressing for some participants. It may also be that, on reflection, some workers evaluated their own work performance as lacking in some way, and this risked harm— even if temporarily— to their sense of professional competence or self-esteem. As a social worker, the researcher possessed extensive experience in counselling, and these skills would have been of assistance in de-briefing after the interview should this have been necessary, and/or in providing information about support services. However, no study participant responded with distress, and on the contrary, all participants thanked the researcher for the opportunity to reflect on their practice. This supports the principles of Responsibility and Respect (NHMRC 2003).
4.6.2 National Health and Medical Research Council (NHMRC) Guidelines involving research with Aboriginal people.

This research involved Aboriginal people, although their recruitment was incidental. That is, this research is not about Aboriginal people. The NHMRC (2003) Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research encompass six principles, some of which have been noted above. These are reciprocity, respect, equality, responsibility, survival and protection, and spirit and integrity. The processes for meeting these principles are as follows:

Reciprocity: this principle involves a return to the community that is valued. Through the provision of lunchtime seminars about the findings, this study may contribute to the development of training and education to enhance child protection practice in Aboriginal communities. In addition, the findings of this study have been incorporated into training for primary health care staff who work in remote areas.

Respect: An Aboriginal guidance group was established. The members of this group listened to presentations about the findings from this study prior to public presentations. Their primary concern was to ensure that findings were presented in a way that made them accessible to Indigenous people.

Equality: This principle is concerned with valuing the collective memory and shared experience of Aboriginal and Torres Strait Islander people: it is important for research to acknowledge this in the research process to guard against the misinterpretation of data
and meaning. In this study, the support of the Aboriginal guidance group and the feedback processes of the research design attended to the principle of equality.

Responsibility: This principle is concerned with ‘doing no harm’. It calls upon the researcher to be transparent about the research process and purpose and potential outcomes of the research, calls for ongoing advice from the ATSI community and requires timely feedback of results. This principle was supported by the Aboriginal guidance group, the feedback processes and the provisions around gaining informed consent.

Survival and Protection: This principle is concerned with ensuring that the distinctive values of Aboriginal people are not assimilated into wider findings within research processes. In consultation with the Aboriginal guidance group, presentations ensured the Aboriginal Community Worker voice was heard. This was a delicate process as this jurisdiction is small and it was important not to violate the principle of confidentiality, a key concern of local ethics committees.

Spirit and Integrity: Abiding by the other five principles, behaving with personal integrity to the participants, and receiving guidance from the Aboriginal guidance groups are ways that this research endeavoured to attend to this principle.

4.6.3 Leaving the field and disseminating the findings

The National Statement on Ethical Conduct in Human Research (NHMRC 2007) states
research which is conducted with integrity is that in which the researcher has a commitment to:

disseminating and communicating the results, whether favourable or unfavourable, in ways that permit scrutiny and contribute to public knowledge and understanding (p. 12).

In addition to presenting the research findings at public conferences (Flaherty 2011a; 2011b; 2012) the research dissemination plan included presentations at a series of lunchtime seminars in Alice Springs, Katherine and Darwin in order to present to participants, and others, the findings from this research study. In addition to feeding back the findings to participants, this provided an opportunity for ‘member checking’ as participants had the opportunity to feedback to the researcher whether findings were credible or not.

4.7 Conclusion

The current study attends to gaps in knowledge about child protection practice with cases of child neglect in Australia, and the Northern Territory, as outlined in Chapter One. Chapter Three highlighted that child neglect, when compared to other maltreatment types, has been overlooked in the research literature. Moreover there is limited information, particularly in the Australian context, about the ways that workers ‘operate’ the child protection system (Parton 1996). This includes the ways that child protection workers give meaning to and operationalise, ambiguous definitions of child
neglect. The gaps in knowledge about child protection practice in cases of child neglect gave rise to the current study’s research question which is how do child protection practitioners in the Northern Territory operationalise child neglect?

Chapter Four identified the aims, epistemological approach and methods of the research. In addition to enhancing knowledge about child protection practice, particularly with Indigenous families, the research aim was to contribute to education and training of child protection workers.

The research literature demonstrates that the concept of child neglect is contested, negotiated and constructed in practice and so understanding how child protection practitioners operationalise this concept requires an underpinning epistemology which acknowledges the pluralistic, contested nature of reality. This chapter has documented why the study’s social construction epistemology was best suited to address the primary research question which sought an *emic* understanding of how child protection practitioners in the Northern Territory operationalise child neglect. In asking a number of subsidiary research questions the study sought to understand the influences on decision making about child neglect cases; explore how child protection workers view their role in working with cases of child neglect and examine the level of agreement among child protection workers about child neglect.
The study is described as an exploratory study. This Chapter documents and justifies the necessity of a mixed methods approach to answer the research questions, and outlines the data collection methods used. The study used in-depth interviews, and a Critical Incident Technique (Flanagan 1954) to explore this *emic* understanding. Qualitative data were supplemented by quantitative data gathered using a postal questionnaire. Quantitative data was collected to *inform* and *complement* the qualitative findings, to improve the *utility of*, and *expand* the breadth of the study. Methodological rigour has been documented both in terms of the study methods, purposive sampling strategy and data analysis. Strengths and limitations of the study have been described. Finally, ethical issues have been described and addressed with reference to the *Guidelines involving research with Aboriginal people* (NHMRC 2003). The next two chapters, Five and Six report on the study findings.
Chapter Five:
The study participants, perceptions of role and agreement about child neglect.

Introduction

Chapters Five and Six set out the study’s findings. Chapter Five concentrates on presenting findings which describe the participants, how they view their role, what they understand the key elements of neglect to be, and their level of agreement about the sorts of situations which constitute child neglect. Chapter Six presents the findings which describe factors influencing assessments of child neglect.

This chapter begins by firstly describing the profile of the study participants. Secondly, the chapter sets out the findings from in-depth interviews to address the specific research question which asks how child protection practitioners in the Northern Territory view their role in working with cases of child neglect.

Finally, the chapter presents both quantitative and qualitative data to answer the specific research question which asks what level of agreement is there among child protection practitioners in the Northern Territory about the sorts of situations that should be assessed as child neglect. Drawing on qualitative data generated from in-depth interviews, the findings firstly describe the way that study participants define
child neglect, and the way they give meaning to the key elements of their definition. Quantitative data from the postal questionnaire are then presented to describe the extent of agreement among study participants about the sorts of situations which are assessed as child neglect. This data is generated by presenting study participants responses to a series of vignettes which describe child care situations.

5.1 Study participants

This study comprised two phases of data collection. The first phase was a postal questionnaire, and the second in-depth interviews: this section describes the study participants who participated in both phases of data collection.

5.1.1 Number of study participants

Thirty in-depth interviews were conducted with child protection practitioners from every office across the Northern Territory. Interviews ranged in length from 45 minutes to 2 ½ hours, with the mean interview time being 1 ½ hours. Data collection ceased once saturation had been reached.

One hundred and eleven questionnaires were distributed across the Northern Territory. A questionnaire was provided to every child protection practitioner who was employed, at the time of the researcher information session, in a position that met the study criteria. Thirty seven questionnaires were returned.
As outlined in Chapter Four, which outlined the research methods in this study, the research was presented to staff at each child protection office by the researcher during the period December 2008 and May 2009. Numbers of filled child protection positions were obtained at the time of this visit, and a copy of the postal questionnaire was distributed to each child protection practitioner. One office did not receive a visit from the researcher: Nhulunbuy had only one staff member employed during the period of questionnaire distribution. The office is located over 2,000 kilometres from the researcher’s location. The cost to visit this office was prohibitive, necessitating two plane journeys and an overnight stay in the capital, Darwin. Following a telephone conversation to explain the research to the sole worker in this office a copy of the postal questionnaire was sent by post.

The following table provides details of the distribution of postal questionnaires. There are four offices located in Darwin, the capital of the Northern Territory. The Darwin Remote office provides services on a fly in/fly out basis to remote Indigenous communities both on the mainland and on islands off the coast (primarily in the Timor Sea) of the Northern Territory. The Central Intake team is responsible for receiving, principally by telephone, all child protection notifications across the Northern Territory. The Casuarina and Palmerston offices deliver services to the greater Darwin metropolitan area. The Nhulunbuy office, located in Arnhem Land, and 650 kilometres east of Darwin, delivers services to the township and to surrounding remote Indigenous communities. The Katherine office, located about 300 kilometres south of Darwin,
provides services to the Katherine township and also to surrounding remote Indigenous communities, as does the Tennant Creek office, approximately 1000 kilometres south of Darwin, and the Alice Springs office which is 1500 kilometres south of Darwin.

<table>
<thead>
<tr>
<th>Name of Office</th>
<th>Number of questionnaires distributed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darwin Remote</td>
<td>8</td>
</tr>
<tr>
<td>Central Intake Team</td>
<td>9</td>
</tr>
<tr>
<td>Casuarina</td>
<td>25</td>
</tr>
<tr>
<td>Palmerston</td>
<td>25</td>
</tr>
<tr>
<td>Nhulunbuy</td>
<td>1</td>
</tr>
<tr>
<td>Katherine</td>
<td>11</td>
</tr>
<tr>
<td>Tennant Creek</td>
<td>4</td>
</tr>
<tr>
<td>Alice Springs</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>111</td>
</tr>
</tbody>
</table>

Table 5.1 Number of postal questionnaires distributed by office

The number of child protection practitioners employed in each office at the time of the researcher visit thus became the denominator for establishing the questionnaire response rate. The decision to base the denominator on positions filled at the time of questionnaire distribution, rather than eligible positions on an organisational chart was based on the high rate of staff turnover and number of unfilled positions as identified by local office managers. The structure and organisation of the Department was fluid, and it was difficult to keep ahead of the staffing changes, a point also made in the Inquiry into Child Protection which occurred during the course of this study (Bamblett, Bath and Roseby 2010). Of the 111 questionnaires distributed, 37 were returned. This is a response rate of 33 per cent.
5.1.2 Demographic profile

This section describes the demographic profile of the study participants: gender; age; job title; educational qualifications; Indigenous status; years of experience working in the NT; and previous child protection experience. When relevant, accompanying figures illustrate information relating to study participants as a whole, as well as identifying the characteristics of those who participated in each phase of data collection and the national child protection workforce.

5.1.2.1 Gender

Overall, 47 participants (or 70 per cent) were women, and 20 (or 30 per cent) were men as illustrated in Figure 5.1.

![Figure 5.1: Male and female study participants compared to national child protection workforce 2010](image)
5.1.2.2 Age

Overall, 14 (or 21 per cent of) participants were under 30 years of age; 16 (or 24 per cent) between 30 and 39 years of age; 19 (or 28 per cent) between 40 and 49 years of age; and 18 (or 27 per cent) were over 50 years of age as illustrated in Figure 5.2. Figure 5.2 also illustrates the age of participants in each phase of data collection (quantitative and qualitative).

5.1.2.3 Job Title

Figure 5.3 illustrates the numbers of participants in each job category, for each data collection method and in the study overall. This demonstrated that the job role of
Advanced Practitioner was the most common job title for participants, and Manager the least common.

![Graph showing job titles and data collection methods]

**Figure 5.3: Number of participants in each job category by data collection method**

5.1.2.4 Indigenous status

Overall, eight (or twelve per cent of) the study participants were Indigenous. This equates to the number of participants whose job title was Aboriginal Community Worker: job title was taken to be a proxy indicator of Indigenous status as only Indigenous people are able to be employed under this job title.

5.1.2.5 Highest completed educational qualification

Figure 5.4 illustrates that 19 (or 28 per cent of) study participants had a postgraduate
degree and 36 (or 54 per cent) had an undergraduate degree as their highest educational qualification.

One participant had not completed high school, five had year 12 high school completion and six had a Technical and Further Education (TAFE) qualification as their highest completed educational qualification.

5.1.2.6 Years of working in child protection in the NT

Figure 5.5 illustrates that 27 (or 41 per cent of) study participants had less than one year’s experience and 25 (or 37 per cent) had more than three years’ experience working in child protection in the Northern Territory. There were differences between those who participated in the postal questionnaire and in the in-depth interview. Half of those who participated in the in-depth interview (15) had worked for over three years
in the Northern Territory; in contrast 12 (or 32 per cent) of those who participated in the postal questionnaire had worked for over three years. In addition, 17 (or 46 per cent of) study participants in the postal questionnaire had less than one year’s experience in the Northern Territory compared with 11 (or 27 per cent of) participants in the in-depth interview.

![Bar chart showing years of experience working in statutory child protection in the NT](image)

**Figure 5.5: Years of experience working in statutory child protection in the NT**

### 5.2 Perceptions of role in cases of child neglect.

Drawing on qualitative data, findings are now presented to describe how participants viewed their role in cases of child neglect. During the in-depth interview participants were asked to reflect upon their role as child protection workers working with cases of child neglect: prompting questions related to how they thought others, including other health and community service professionals from outside the statutory service viewed them; how they viewed others, including other professionals; and how they viewed
their own role. This section answers the specific research question which asks how child protection workers in the Northern Territory view their role in cases of child neglect.

The section begins by describing how study participants believed others viewed their work more generally, and describes findings which relate to issues of professional status and marginalisation; these are experienced in relation to all aspects of the work, but are experienced acutely in cases of child neglect where issues in relation to poverty and marginalisation of clients, particularly Indigenous clients, predominate. The section then explores the ambivalence that participants expressed about their role, in part reflecting they have internalised the views of others, but also highlighting the belief that child neglect referrals to the child protection service were the result of the failure of other agencies to competently do their job.

5.2.1 The perceptions of others

The only time we are ever in the media or a Minister ever comments is negative.
(Advanced Practitioner 3)

Despite calls for collaborative working, all interview participants felt isolated within the service network; both critical of others and experiencing criticism from others. Study participants believed that child protection workers, particularly in cases of child neglect, possessed a stigmatised professional identity. How did they describe how they believed others viewed them?
Participants spoke of the *distrust* other professionals expressed toward them:

I think there is a lot of...a distrust but also accusations of blatant lying on FACS’s part, we are often being called liars or we did this or that, or we didn’t do this or that, and I think, because it is an adversarial system, there is a lot of tolerance for that kind of sledging. (Team Leader 1)

Those who had previously worked in the non-government sector, were hurt and surprised by becoming the *enemy* because they now worked in child protection:

I worked in [agency] so I was always seen as being a positive resource by parents, and pupils and teachers, and you come into child protection and you are knocking on people’s doors and you are doing investigations and you are being seen as the enemy. (Community Welfare Worker 1)

Participants believed that other workers thought they were *unreliable*:

...oh FACS workers they are just a pain, they just drive us crazy and they don’t come when we want them to, and they don’t do this and they don’t do that, don’t follow through and they tell lies. (Community Welfare Worker 7)

Interview participants described feeling felt *unwanted* which reflected their belief about the ambivalence with which the wider society viewed the child protection service: a society which did not want to really acknowledge child abuse and neglect and did little to prevent it from occurring:
We are all working within a system that is not sufficient to meet the problem, and that works in a context where nobody really wants you anyway. They wish you didn’t have to exist. (Team Leader 1)

Others recalled working for agencies where they had been critical of the child protection service. It went ‘without saying’ that this was the appropriate stance for workers in non-government agencies:

When I was working for {agency} I would be the first one to jump on the Department. (Advanced Practitioner 8)

Only one participant spoke of relationships with other service providers having the potential to be based on trust, recounting previous work in a different office to the one currently employed in:

[Trust] is a two way street...It works because the people on the ground have confidence in you and you have confidence in the information from the people that it is coming from and I think it takes time to build that trust. (Advanced Practitioner 7)

Nonetheless, even with this belief, current relationships were described as ‘fraught’ and lacking in trust.

All participants identified the issue of power inherent in their role and their perception that others assessed their use of their power as unsatisfactory: either they use their
power in excessive ways or unnecessarily, or, alternatively, they fail to use their power in families who require intervention:

You are either the awful evil people who have stolen this poor person’s child and you refuse to give the child back even though they are clearly great parents, so there are people with that headset, and then there are people who have the headset of you are not doing enough you are not .. that baby needs to be removed from there you are not doing enough, you need to be getting in there and taking that child…or..you are not punishing that adolescent enough.

(Manager 1)

The majority stated others saw them as being all powerful, even though they saw themselves as frequently powerless, restricted in what they can and can’t do:

It is as if people think that it is just our choice, we just chose not to {do what others want}, they don’t really understand the legalities and what we can and can’t do. We don’t have all pervasive invasive powers...their perception is that we all sit in here and make these arbitrary decisions when really there is so much more to it than that. (Aboriginal Community Worker 1)

Finally, participants felt accused of using their power with sinister intent and in ways potentially linked with genocide:

I have had a lawyer say to me outside the court [you] have the power of the Third Reich. (Team Leader 1)
Such an accusation carries particular potency in the Northern Territory where the wounds of the Stolen Generation are not healed:

Because it is said to us..with the neglect..you get that thrown in your face, it is said ‘you are doing this again, this is the Stolen Generations’, you know?

(Advanced Practitioner 8)

The accusation of continuing the legacy of the Stolen Generations was a sensitive issue for Indigenous participants who had to negotiate issues of status within the organisation around the legitimacy of cultural knowledge as part of the evidence base, coupled with working to broker a relationship with an agency about which other service workers and members of the Indigenous community (their community) viewed with suspicion. They persisted with the work because they thought they had something to offer to their communities, but this was difficult at times:

..and I suppose, you know, being Aboriginal, and having all the past government stuff with the Stolen Generation, a lot of the times when you talk with families, they look at you with disgust and think why are you taking our kids away...And as an Aboriginal person-you are the one that gets that look...(Aboriginal Community Worker 4)

Participants’ statements revealed their perception that they operated in a hostile world, one in which, both professionally and personally they needed to survive. In many ways they experienced themselves as victims of unfair assessments, particularly by other
professionals. Such assessments required defending against in order to maintain a sense of self as ‘being professional’. How did they do this?

5.2.2 The failure of others

The majority of participants saw themselves as having to do the work that society did not want to deal with, and of being marginalised as a result; one of the ways they responded to this was to question the legitimacy of others in the service network. Undertaking these judgements of others appeared central to their ability to survive this perception of working in a hostile environment.

Child neglect referrals (from other professionals) were understood by most as being inappropriate, resulting from others, particularly health professionals and teachers, not doing their jobs competently:

I am sick of other agencies, education being one and health being another one, that when it gets too hard for them, well let’s notify child protection, but I am not sure they have done everything they necessarily can do. (Manager 3)

You know, you would say to the school, cause if it is on its own it is an education issue, you would say, what are you doing about it? But really, if a child is not going to school it is an education concern. (Team Leader 5)
In remote areas many of the initial reports came from health clinic staff about ‘matters of Failure to Thrive, skin disease and scabies’ which, according to the majority of participants, are and should remain ‘health issues’ rather than child protection issues:

Why are we getting these matters? I still can’t get my head around it because they are so clearly health matters, that is, it just astounds me...I think (DOCS) are very good at delineating what is and is not a child protection matter and I think that is still a very grey area up here and I think often we are just the last call out of a system that is doing nothing anyway to try and fix kids so it is ‘Oh shit- we had to medivac a kid today and while we do that we will make a notification, you know? (Manager 3)

Most felt that the voluntary sector used the child protection service to be the ‘big stick’ to enable them to avoid having difficult discussions with clients:

I think that there are professionals who work with families in whatever setting, and they work on a voluntary basis, but when it come to the point where they want to give the family bad news, like, this isn’t good enough, they struggle with that, with the negative message. They want to be there for the family, they want to be supportive. They want someone else to give the bad message, they want someone else to come in with the stick. (Advanced Practitioner 10)

In addition, notifier to the child protection service were frequently seen to be making notifications based on being judgemental:
They would be seeing children who didn’t have the same weight gain as non-Indigenous children, they’d be seeing children living in overcrowded conditions, kids who have health issues, parents seemingly not supervising children. They’d be seeing conditions that are different to urbanised conditions and making judgements about what that means. They’d be seeing people’s houses that didn’t have the same standard or level of conditions as maybe their own and probably making judgements about that. (Advanced Practitioner 7)

At times notifications were perceived to be less about the wellbeing of the child, and more about political considerations:

..it wasn’t so much that the child’s behaviour was different, but the political aspect had changed. There were huge articles around juvenile offending, crime in [place] and the [public official] was quoted as saying he was going to do something about that...so we were constantly getting notifications. (Team Leader 2)

The majority stated that they were being asked to ‘fix’ children which the broader society had abandoned:

People don’t want child neglect to exist, they want it fixed and they want us to do it. It is like [person] says: you want these few people to fix up the damage done by a community a society of adults that neglects its children...this society has abandoned young people. (Team Leader 1)
Judged by others, harshly in their view, the majority also judged others, questioning both the motivations for referral and the commitment of the broader community to protect children. The specific research question asks how child protection workers in the Northern Territory view their role in cases of child neglect: the next section presents the findings which describe how participants themselves perceived this role, and describes how this view is influenced by the perception they have of others in the service network, and the way they understand that others view their role.

5.2.3 Perceptions of their role in cases of child neglect.

In reflecting on how they are viewed by others, the majority of participants described a practice environment characterised by distrust, hostility and rejection, where child protection workers are viewed as racist, punitive towards disadvantaged people and all powerful. Despite this, they felt powerless and constrained, unable to address structural or longstanding issues in families. Isolated and marginalised and sensitive to this criticism, they in turn were critical of others: identifying inappropriate referrals, judgemental attitudes and incompetence on the part of others (particularly health and education workers). This is the context which reflection on how they viewed their own role is located.
To varying degrees, the majority expressed concern that their efforts to assist children in cases of child neglect achieved anything useful, and questioned whether their involvement achieved more harm than good:

I am not sure how to put this but I do question a lot of the time whether half or three quarters of the stuff we are doing is actually necessary or actually achieves anything...I personally think we are guilty of achieving more harm than good.

(Team Leader 2)

Other participants went further and considered the work they did was *abusive*, particularly when children were removed and placed in care as a result of neglect notifications and the lack of other service options:

I think a lot of the work we do at times it is very- you can’t categorise it-you can say it is definitely neglect, and the mum is, but then I think we bestow institutionalised abuse on these kids at times too because we go from placement to placement especially teenagers, placement breakdown, so you, I sometimes think how do you weight this up? So are we causing more harm? Are we neglecting them and causing more harm by doing that? And yet we have a statutory legislative, you know, we have to protect and keep them safe, we have to do something, but we are really not and so we have to be seen to do something...(Advanced Practitioner 9)
I was depositing this healthy child that was completely distressed by being removed from its breastfeeding mother [but who wasn’t growing well] into a care environment with rostered staff and sick babies and I thought how is this better? (Community Welfare Worker 6)

A minority were concerned about the implications ‘down the track’ that current involvement with the child protection system might have for families; that at some time in the future the family may be punished because the child protection service got involved without offering much to assist the situation:

Well if I substantiate it [child neglect] and walk away, what have I achieved except somewhere down the road, if they have changed but somewhere down the road they do something which requires them to be scrutinised and all of a sudden this thing that someone, a department has done, comes up and blocks them. (Team Leader 2)

All participants spoke of the stress involved in suspending their personal values and substituting what they believed was the organisational demand not to create another Stolen Generation and thus ignoring the poverty and potential neglect of children referred to the child protection service, an issue covered in more detail in Chapter Six:

I think if workers had their way, the majority of workers in the office had their way, there would be not children in town camps. That is a consensus. But you
know, bottom line is, do we have another Stolen Generation? They have that in the back of their mind as well. It really is a stress level for staff. (Team Leader 5)

Overwhelmingly, however, the sense of ambivalence, and at times, hopelessness, arose from the assessment that the issues that confronted many of the families referred for child neglect were ‘big picture’ issues, and the result of failure by others. Drawing people into the net of the child protection service for child neglect was largely seen to be ultimately futile:

We just don’t have the resources to deal with the gravity of what is going on here. I think child protection is asked to intervene in cases of child neglect because we have no other systems to do so. It is community development that is needed, and basic addressing of poverty. If this was done we wouldn’t need to be there. We are band aiding, it is, I often say, we are putting a band aid on a severed limb, that is what we are doing. (Team Leader 1)

5.2.4 Summary

This section described the way that participants viewed their role in cases of child neglect. In doing so this section presents findings that answer the specific research question which asks how child protection workers in the Northern Territory view their role in cases of child neglect. The findings highlight the sense of isolation and stigmatisation identified by study participants arising from their sense of operating in a
hostile environment. Participants believed that others in the service network viewed their work unfavourably, and that the child protection service was being asked to intervene in issues that they believed were the responsibility of others, principally health and education, to address. In addition, their service was being asked to ‘fix’ problems which were a result of societal neglect of children. The beliefs about how others viewed them, and how they viewed others influenced how they viewed their role in cases of child neglect and thus contributed both to the ambivalence they felt about their role and the sense they needed to survive the experience of working in child protection. Although these feelings were experienced generally in relation to their work, they were particularly acute in relation to cases of child neglect. Participants were sensitive to accusations of racism and suggestions they used power in ways that did little but punish poor families. In many ways, study participants both rejected this external view of their role, and internalised this view: they questioned the legitimacy of others whilst simultaneously they expressed considerable ambivalence, at best, about the value of child protection interventions in cases of child neglect, particularly when child removal appeared the only option.

Given this ambivalence and scepticism about the value of child protection work in cases of child neglect, and conscious of the disadvantage of their predominantly Indigenous client group, how did the study participants define child neglect?
5.3 Defining child neglect

Well you would look at the clinical description of it in the Act, but it is a lot more than that when it is in your face. (Team Leader 4)

The previous section presented findings from the in-depth interviews which described the ambivalence study participants expressed about the role of child protection in cases of child neglect. In part this arose from a sense of hopelessness about being asked to address ‘big picture issues’, and referrals which, in their view, resulted from inadequate service provision from other parts of the service network. How then did study participants define the essential features of neglect, and how did they understand what these essential features of neglect looked like in practice? This section presents findings from the in-depth interviews where study participants were asked to imagine the researcher, as a worker new to the office, needing help to understand what child neglect was. How would they define child neglect for a new worker?

All participants initially stated they would refer to formal definitions located in policy and practice manuals or the legislation, before turning to what neglect means in practice:

There is no consistency about how you address or measure neglect. How are you going to define it? How are we going to assess it? What are the benchmarks? Well there are policies and procedures, but, I am sure some offices don’t look at
the policies and procedures...I am guessing it is very much dependent on the office, not what is written in the policy manual. (Advanced Practitioner 4)

The majority of responses revealed that there were formal, organisational definitions which existed in policy documents, used when talking about neglect to the outside world, and useful for orienting new workers. At the same time they acknowledged neglect meant something quite different in practice. Without exception, interview participants stated they largely learnt about what neglect was through practice, that is, through socialisation into the office culture, which taught them what was possible. In addition, there was a reluctant acknowledgement of the influence of personal values and an expressed commitment to keeping this influence to a minimum.

Despite the acknowledged difference between formal and practice definitions, all participants remained committed to the formal definitions: they stated that it was essential not to be influenced by personal values or resource scarcity, and that there needed to be consistency and uniformity within and between offices. At the same time they said they did not use the formal definitions; many said they had not even read them. They viewed a search for uniformity and consistency as ultimately a futile quest, *even though it should still be pursued*.

In defining child neglect all interview participants stressed the importance of seeing a *pattern* of basic needs not being met. Although all interview participants spoke of basic needs, they were less certain about where to draw the line which indicated basic needs
were not met. This uncertainty was compounded by the extreme disadvantage faced by many of their clients, and confusion about what might or might not be culturally appropriate ways of caring for children.

In addition, all interview participants stated the failure to provide for basic needs must have a *harmful impact* on the child. This need to see a harmful impact was sometimes less important if the parents were understood to be putting their own needs before those of the child. An example of a parent prioritising their own needs was typically illustrated with reference to substance abuse or gambling problems.

**5.3.1 Formal and practice definitions**

Descriptions and definitions of child neglect were referenced to ‘the Act’, that is the legislation governing statutory practice (*Care And Protection Of Children Act 2007*), or to the Policy and Procedure manual, although the majority stated that they had not actually read the manual, or the legislation, to discover how child neglect was defined in these documents. These formal definitions were not considered useful to practice, because, ‘they are very kind of; I think they are broad and you could read anything into them’ (Advanced Practitioner 10). Study participants learnt what child neglect means for practice through experience and socialisation into the organisation rather than via formal documents: what is useful for practice then did not necessarily reflect textbook or organisational definitions.
However, formal definitions of child neglect were used when educating non-statutory service providers about their mandatory reporting responsibilities and the threshold for reporting child neglect to the child protection service:

Yeh, someone asks you to define child neglect? I don’t think that is possible. I have been working here for a year and I am still learning about child neglect, and I know there are definitions we use in our presentations, but it is so complex, here in the Territory. (Advanced Practitioner 2)

This frequently led to conflict: according to the majority of participants, the practice definition had a much higher threshold for action than did the formal definition used to encourage non-statutory workers to report.

Despite the scepticism about the usefulness of procedural definitions, all participants remained committed to them; they made it clear that it was essential not to be influenced by personal values or resource scarcity, and that there needed to be consistency and conformity within and between child protection offices. Despite this stated commitment to the necessity of procedural definitions, participants simultaneously believed they were of little use in practice. As well, they viewed the search for uniformity as futile, but one that was worth pursuing:

Well you would look at the clinical description of it in the Act, but it is a lot more than that when it is in your face, when you are seeing it....Ah, in an ideal world I would say yes there can be universal definitions. However I don’t think you can.
I would love that to be the case, I would absolutely love that to be the case...you
know it is right, absolutely know it is right. (Team Leader 4)

All participants understood clients expected uniformity, but that this was an illusion:

I don’t think it is possible [to have consistency] really. You know everywhere I
have worked a different office does things a bit differently, and that is one of the
things people say they complain to you about. It is not consistent, and people
say what is going to happen if I make this notification, and I always say the same
thing which is it depends on how the person who receives that notification
interprets the information and it depends on their judgement. And their
judgement is going to be based on policy and procedure, but also on their
training, their perspective, their view at the time and also the demands on the
service. I can’t promise what is going to happen. I think [the system gives the
impression that conformity is possible] and that is probably because it is a
government system. People think you go into an office with the same question
you will get the same answer, like you would with Centrelink [the social security
service] or you would with Telstra [the telecommunications provider]. You
would expect the same answer to the same question I expect. You wouldn’t
expect Centrelink are going to say they aren’t going to pay you this week
because they have too many other cases to pay, you know? (Manager 1)
I think there has to be a bottom line and sometimes that is not utilised, yeh, it is hard because it is that questionable stuff...it is hard for staff and everyone. If you have this little baby crawling around in dog poo and anything else, knowing what they are picking up, um, how do you have a policy around that? Okay if it is a two year old, you can’t have dog poo. But a five year old? (Team Leader 5)

Neglect was typically defined by all participants as a *pattern of basic needs not met, which left an impact on the child and which had occurred for some time:*

I would say child neglect is defined in the Act-an act of omission, but it is generally failing to provide with the necessities of life. So, food, clothing, health care, appropriate attention to their development, lack of supervision, failing to predict that something might happen to them is they are left in a certain situation, like being allowed to climb on a roof at the age of three, not being available to them as a result of alcohol or drugs. And there needs to be an impact on them. (Manager 2)

I suppose it is the hierarchy of needs, as long as basic needs are being met, for safety, food, some kind of shelter and medical needs and things, and supervision [then that is not neglect]. And it has to go on for some time. (Community Welfare Worker 1)
Overwhelmingly participants talked about the need for a *pattern* of behaviour to occur before the situation could be described as child neglect:

A one off case-I wouldn’t put it down as neglect I don’t think. (Aboriginal Community Worker 2)

Despite the reluctance to call a ‘one-off’ situation child neglect, all participants in the interviews acknowledged there may be situations where a ‘one off occurrence’ could result in an assessment that child neglect has occurred. For example:

..if you are talking about a two day old baby that has been left under a tree for three hours, then you don’t need an established pattern for that. (Manager 1)

There was an explicit acknowledgement by almost half of the participants that defining neglect was complicated by the age and vulnerability of the child:

...we need to look at] the presentation of the child and the age of the child, its vulnerability-is it growing properly?...Does the child have access to clean water? A safe place to sleep? Access to medical care, supervision, a nurturing relationship...And again, we need to look at the age range because we are looking at a ten week old baby, compare to a ten year old, compare to a fourteen year old. It is different, but I guess for the most vulnerable, which I guess is between zero and two years old, you would be looking at the child’s milestones. (Team Leader 2)
About one third of participants also acknowledged that child neglect had both a physical and emotional dimension, for example, ‘mum being absent through her drinking, emotionally not being there’ (Team Leader 1). However, for the majority, the indicators perceived as critical to a definition of neglect focussed on the physical: not being fed properly, lack of clean clothing, lack of shelter, failure to attend to medical needs and/or failure to go to school. The issue of failure to thrive, with its reliance on growth charts to demonstrate a measurable problem was frequently given as an example of an area of neglect which was easier to explain to parents and easier to prove in court. Any emotional dimension to the issue of failure to thrive was largely overlooked as being too difficult to prove.

When describing child neglect in general participants focussed on the child: basic needs, chronicity and harm. When providing examples of the sorts of situations that might constitute neglect, what the parents were doing instead of caring for their child was important for the majority of participants. For example:

..where a child is riding around the streets at night and a parent is off playing pokies. (Aboriginal Community Worker 2)

A parent who favoured their own needs, above their child’s needs, was understood by many as illustrating the essence of neglect:

Not putting their [the children] needs in front of yours [the parents]- I think that is the essence of neglect. (Community Welfare Worker 5)
Not putting the children’s needs before the parents was seen as significant because it indicated unwillingness rather than incapacity to parent. Where a parent was trying to do the best they could, even where the outcomes for children were poor, participants were reluctant to describe this as child neglect:

Neglect is about being unwilling to parent. (Community Welfare Worker 4)

The distinction between unwillingness and incapacity was considered important because the vast majority of the families involved with the child protection system were socially and economically disadvantaged, and participants implied a need to distinguish between inability and unwillingness. Although an impact on the child, that is harm, was necessary for the definition of child neglect, it was not sufficient. Sometimes children suffered harm, but the parents were doing the best they could. In these situations interview participants were reluctant to call this child neglect. The critical issue for assessment was whether the parent was using the resources available to the ‘best of their ability to meet the needs of their children’ (Manager 1) whether or not the needs were actually being met. If they were not meeting the needs of their children, and using their resources instead to fund gambling, or alcohol or drugs then it was more likely the situation would be considered child neglect.

There was then a difference between poor parenting and neglect; although the former might cause some harm to the child the latter is about:

Patterns and where people have tried to intervene and it hasn’t been successful,
and a clear impact on the child. These are the primary things that help people to understand child neglect. (Manager 1)

5.3.2 Summary

Interview participants stated they drew on their understanding of formal (legislative, procedural) definitions of child neglect although most also stated they had not read these. Neglect was defined as a pattern of basic needs not met which left an impact on the child and which had occurred for some time. Evidence of harm was considered essential.

Although formal definitions were considered useful in educating others about child neglect, ‘in practice’ child neglect was understood differently; here the importance of contextual factors was stressed; these contextual factors will be described further in Chapter Six. The ‘practice’ definition was learnt through a process of socialisation as new workers learnt what was possible.

Despite the difference between practice and formal definitions, participants remained committed to the formal definitions believing them a means to achieve greater consistency and uniformity across workers and offices. At the same time they remained sceptical of achieving the goal of uniform applied definitions of child neglect given the importance of contextual factors and personal values in assessing child neglect.
Given the scepticism about uniform applied definitions to child neglect, how did the study participants understand the terms ‘pattern’, ‘harm’ and ‘basic needs not being met’? The next section considers these findings.

5.4 Understanding key terms in the definition

As described in the previous section, establishing a pattern (or chronicity), evidence of harm and the requirement that basic needs are met were uniformly adopted as critical to the definition of child neglect. Making sense of these in practice was highlighted as a complex task and one that was influenced by the context of practice. What did study participants understand these terms to mean in order to assess a situation as being one of child neglect? This section will present qualitative findings gathered during the in-depth interview which describe what study participants mean by the pattern, harm and basic needs.

5.4.1 The pattern

A one off case, I wouldn’t put it down as child neglect I don’t think.

(Aboriginal Community Worker 2)
But there are all these variations and degrees which makes it very hard. What we say here is that once you get the third report (about low level neglect) you have to investigate it. But when we say chronic it is hard to quantify.

(Community Welfare Worker 6)

All interview participants shared the view that in order for something to be called child neglect it had to be chronic, or, in their words, there had to be a pattern. It was important to establish the pattern to build the evidence, although how many times a case could be referred before you established the pattern was unclear:

...you have to have the evidence base to say this isn’t a one off, this isn’t just a blip, you know that it is something chronic. You need to be able to demonstrate that it has been going on for- I don’t know how long that period of time might be, but you know a significant period of time. (Community Welfare Worker 1)

....when it comes to that if it keeps coming in over and over and many months that makes it easy for you. But the one off you are faced with is very difficult...I think when a decision is made it is based on the amount of times we have been involved, the pattern. (Aboriginal Community Worker 4)

One of the reasons it was difficult to be specific about how long something had to persist before it was chronic related to the age of the child- with younger, more
vulnerable children, where the situation could be described as *dangerous*, a pattern was not necessary:

So I think it has to be ongoing. Physical abuse I wouldn’t answer in the same way because harm can occur after a one off incident...but if the risk of harm is high, if it is dangerous a one off incident could be neglect. (Community Welfare Worker 4)

The majority of participants expressed a view that families, particularly Indigenous families, might not know that their behaviour was considered inappropriate and so the first step, if the case was accepted, would be to educate them about what is inappropriate, rather than to start thinking about child neglect:

If it was a one off thing you would go and say well this is not acceptable and blah blah blah, but if it happens more than once, and people will tell you, well then yeh, then it starts to be a problem. (Advanced Practitioner 8)

Although participants were explicit that child neglect required a pattern, at the same time there were particular types of cases where they would not need to see a pattern before they called it child neglect. As identified earlier cases where danger existed were exempted from the need for a pattern, but even where danger might not exist, there was a reluctant admission that if a case ‘spoke’ to the worker’s personal values they might call the situation child neglect. For example, in a continuation of the above quote, the participant responds to the often vexed issue of supervision of children:
But if they were say five, and they were left alone, by themselves, if it is happening, even twice, definitely I would be thinking neglect..[this is based on] Yeh, there you go, my values I suppose, and um, past experience; this has happened before with other families and this has been called neglect, and yeh, if I had a five year old I wouldn’t like my five year old to be left all by themselves.

(Advanced Practitioner 5)

In the absence of the pattern, and in those cases which could not be described as dangerous, or where the child was very young, all participants said it was hard to identify the impact or harm. The situation as referred might be, as quoted above just ‘a blip’, and, as it will be discussed further below, the strong belief that involvement with the child protection service is punishment is not warranted for ‘a blip’. All of the participants struggled to identify exactly what was meant by a pattern, especially if there was no identifiable harm. A pattern was established on a case by case basis, and could theoretically be established by looking at the history of older children in the family, even if there had not been enough involvement or referrals about the identified child to establish the pattern. However, as this worker suggests that did not occur often:

It has to be chronic, but it doesn’t have to be chronic for a particular child...let’s say we can see evidence there for the ten or eleven or twelve year old that is clearly there, that is your evidence of long term chronic neglect. But we also have the two or three year old in the household and I think we have got the
evidence and it needs to be used well, but that is not always the case. We have got the case of the older siblings there. (Advanced Practitioner 4)

A minority of participants suggested that a pattern can be established away from the child protection service, for example a young child’s medical file which documents failure to grow despite intervention. The extent to which the child protection service relies on external information is influenced by the status of the external agency, and their perceived legitimacy as discussed in the next chapter. The issue of failure to thrive which involves young children, at times the perception of danger, and referral from medical providers is a case in point:

   Talking about failure to thrive- if there is not gaining weight for about 2 or 3 months I would start to be extremely worried, that would be neglect for me.
   (Team Leader 4)

Other times, however, it requires repeated reports to the child protection service:

   How long is chronic? That is a tricky one..It is amazing sometimes how long we leave it. I would say in this office twelve months before we start looking seriously at neglect, and again, the number of notifications would indicate. We might get one or two notifications in a period of six months. (Team Leader 2)

Whilst about half of participants were aware of concepts such as cumulative harm, the impoverished contexts of children’s lives meant that this was not as helpful as it might otherwise be in establishing the pattern. Cumulative harm was a given:
If we took cumulative neglect into account in our interventions, kids on town camps would need, would have a task force or some sort of Intervention going on. (Advanced Practitioner 1)

Establishing a pattern can take time: and time can create case inertia. This is especially the case where workers don’t feel they have much to offer, and nothing much changes day to day in the family:

Yes, so I will leave these for another day, what are we going to change in a day? Are we going to change anything really?...I looked on CCIS [the computer system] briefly and saw that we have been involved six or seven times. (Advanced Practitioner 2)

Some cases go on for a long time, and rather than serving to establish a pattern, workers get used to the family’s chaotic life. There is no sense of urgency or immediate danger around the case, and so there is little imperative to reassess the case. A circuit breaker for case inertia can occur when external agencies agitate for the child protection agency to do things differently:

I guess with this particular case it was hotly debated what we should do, around, how is this different from what it was like six months ago, so, yeh, why now? .....But then we started to get the same calls and it escalated. It wasn’t so much anything had changed, but the political aspect had changed. There were huge articles around juvenile offending and crime in [place] and the mayor was quoted as saying he was going to do something about it. So we were constantly
getting notifications about these kids [from the police who were regularly picking them up at night. (Team Leader 2)

5.4.2 Harm

All interview participants stated that in order to call something child neglect it was important that there be an impact on the child, especially, but not exclusively if Court action was required:

You need to see some impairment, and if you want to take a child into care you have to see some obvious impairment. (Team Leader 1)

There has to be an outcome: how has this impacted on the child? (Aboriginal Community Worker 2)

Whilst basic needs such as food, clothing or shelter were critical to definitions, it was only when harm resulted that there was active consideration of basic needs. In addition, although an emotional aspect to care, and thus basic needs, was acknowledged, emotional needs received little attention in definitions because the concept of harms related largely to physical harm:

If the child is suffering [that is neglect]. So, the child is not getting adequate clothing, adequate shelter, adequate emotional care and is in danger of being harmed physically then that is neglect. (Community Welfare Worker 2)
In order to call something harm ‘you need to see harm on the physical health of the child, basically’ (Aboriginal Community Worker 5). A physical impact was important because, unlike emotional neglect and harm, it provided ‘tangible evidence’, such as a flattening curve on a child’s growth chart:

...because it is tangible, when you look at a graph and say this is what is wrong. You have tangible evidence. When you are looking at emotional neglect it is much harder to prove. (Team Leader 4)

In addition to providing ‘tangible evidence’ physical impact on the child was important since the majority of participants largely believed that poor care had a differential impact on different children; some children accommodated to poor care and so there was no impact and no need for child protection service involvement:

It can be difficult to tell whether there is actually, harm, you know, because lots of families can actually function quite well in a dysfunctional environment and that is just the way their families operate, without being neglected. (Community Welfare Worker 1)

Thus children who experience a higher standard of care would experience greater harm from a lapse in care than children whose lives were characterised by a low standard of care:

For example, and this is a bit naff but as an example, if you are living in a community where everyone runs around in shorts, no shirt, nothing else, and you have one meal a day, and everyone else has one meal a day and whatever, then the harm, the child’s experience of the situation isn’t going to be the same
as if you took those conditions-one meal a day, wearing shorts and put them in say an affluent suburb, say Fannie Bay. (Manager 1)

That different groups of children might not suffer the same harm is also highlighted by the following participant who talks about domestic violence, suggesting that ‘white’ children might suffer more harm because of the nuclear family setting:

We have an intake system that says when a child has been exposed to domestic violence they are being emotionally abused or neglected. I don’t see that as being the truth especially for Indigenous children who have huge families around them and if there is a problem over here they will go to aunty or grandmother over there and I don’t necessarily see that as neglect as such as you might in a white nuclear family. (Advanced Practitioner 8)

Despite this emphasis on the need to see evidence of harm in order to substantiate child neglect, questionnaire participants did not agree that the child protection service should only be involved where there was evidence of harm: 76 per cent of participants disagreed with the statement ‘Child protection services should only get involved where there is identified harm to the child’ as shown in Figure 5.6. This appears to imply that participants accepted a lower threshold for referral to the child protection service (that is, no need for identified harm) than for substantiating child neglect (need for evidence of harm). The difference in thresholds for referral and for substantiation was also raised when participants discussed the definitions of child neglect: here they noted that to
educate others formal definitions were used (with a lower threshold) which often caused conflict with notifiers.

Further, just as participants agreed in principle, that there should be uniformity and consistency, but disagreed that it was possible in practice; it may be that participants would not recommend as a general rule that child protection services should only get involved when there is identified harm, even though in practice it may be this is what occurs.

Figure 5.6: Level of agreement with the statement ‘Child protection services should only get involved when there is identified harm to the child’ (n=37).

Interview participants’ commitment to the idea of needing to see harm (except in extreme cases) may have resulted from their discussion of their practice. Whether child protection services should or should not get involved in particular cases was not for
them the issue: what sorts of cases they did get involved in, what they could or could not offer and who they needed to convince dominated their discussion of indicators, and influenced their decisions about whether to call something neglect. In practice, neglect and harm were related to thresholds: the point at which a concern became something that was a child protection issue.

For the most part, deciding to call observed harm child neglect could not be separated from the consequences of that decision: if you decide something is child neglect you need to do something to address this. If it is not child neglect then the case can be closed. The following quote illustrates this moving between looking for the impact and then deciding what you are going to do about it, or if there is anything you can do about it. The impact of the intervention might itself risk harm:

..you have to make a decision about whether this type of living, this type of home environment is definitely impacting on the child’s health and you have to make a decision about what you are going to do....it is the harm...Just because we expect a different type of living we can’t make a decision on that because you have to think about the other impacts on that child if you do something.

(Aboriginal Community Worker 4)

In some cases a significant risk of harm might be sufficient, but this risk would need to be immediate and the harm itself significant, and generally confined to infants, for example:
... a two old day baby left under a tree for three hours. (Manager 1)

Such a situation would be considered one of danger and harm would not need to be physically demonstrated since the situation could be seen as evidence of harm. Deciding whether any given situation met the criteria of significant risk was complex, and age, context and frequency impacted on the understanding of risk. Of particular importance was context, especially in relation to the charge of inadequate supervision, and on this issue remote communities were considered safer:

On the smaller communities, perhaps like [small very remote Aboriginal community] where everyone knows everyone, and people all stick together, and people know their child is safe because they are with other kids, whereas here [in remote town] it is different, it is more exposed. I mean the children would be at risk; they are walking the streets in a bigger environment so they wouldn’t be safe. (Aboriginal Community Worker 5)

For older children a pattern of risky episodes was considered important to establish risk; even where each episode itself ‘could be catastrophic’ it may not be enough:

The difficult one is if they are doing something and there is a risk. So a four year old walking on the road alone...it is not ideal, but it is not terrible. It could be catastrophic, but how big a risk is it? I mean if a child was being reported you wouldn’t look for anything, you would wait for another report so those smaller incidents would build up a pattern. (Manager 2)
However, whilst interview participants universally agreed that to call a situation child neglect an impact on the child was necessary (except as explained above in specific circumstances) it was not always sufficient. A moral assessment that the parent lacked initiative is more likely to result in an assessment of child neglect than if the parent is trying, but not succeeding to prevent harm even where the outcome to the child may be similar:

Medical neglect is, well I got one today. An eight year old boy, he is covered from his lower torso-his entire backside and down to his knees covered in boils. The boils are a result of infected scabies and nobody had taken him to the clinic...I know all kids out on communities are going to get scabies just because of the environment they live in...it is not the actual scabies that is the problem it is the lack of initiative or will to take the child to the clinic to get treated for scabies or to continue to put the cream on or whatever. (Advanced Practitioner 8)

This participant explained that if the child was being taken to the clinic regularly, even if nothing in the home environment changed and the child continued to get repeated infections, this would not be assessed as child neglect. In part this is because failure to attend the clinic and apply scabies cream will result in a higher degree of ‘obvious impairment’ like boils. However, in part it is also because attending the clinic is itself seen as showing initiative, important in the assessment of ‘good’ parenting:

Oh no, it wouldn’t be child neglect. Yes the outcome might be the same in that he might get other infections of scabies, but he hasn’t got to the point that his
poor body is covered in boils from untreated infected scabies. (Advanced Practitioner 8)

When the failure to comply with clinic instructions was the result of a lack of education, rather than a lack of initiative, this may be a mitigating factor. This is because it is understood to reveal a lack of *intent* to harm the child although harm was identified as critical to the definition of child neglect:

> Medical neglect here is very different to other places, you see here it is that lack of understanding you know? ...they are not doing it through being neglectful you know, with intent, it is through lack of knowledge and supports out there.

(Team Leader 5)

Interview participants acknowledged that child neglect incorporated both physical and emotional dimensions, but it was difficult to ‘see’ emotional harm:

> ...but the hardest things about neglect are the things you can’t see. (Community Welfare Worker 3)

Sometimes emotional harms could be deduced from behaviours, though even here it was preferable for there to be physical signs as well:

> There has to be something more, something that is reflected in behaviours and health issues...neglect has to be manifested in physical symptoms....and emotional too I suppose. (Advanced Practitioner 4)
Parental behaviour was considered by all to be important in deciding whether the harm experienced by the child should be called child neglect, even where the neglect is considered ‘extreme’. Behaviour such as gambling was understood to indicate that the child’s needs were not taking precedence over parental desires, and perhaps, can be evidence of a lack of love. Where participants believed that parents loved their children they were more likely to see the harm as resulting from an inability to control the environment or from a ‘lack of education’. Harm that results in this way lacks intent, and most participants were reluctant to call this neglect:

Uh, we tend not to [substantiate neglect] to be honest...I guess we do if the neglect seems to be rather extreme....[like] the failure to thrive kids, with the scabies kids, if we can identify, if through the investigation process, that mum is playing cards every week and that there are those sorts of problems..then yeh we will substantiate. But if we go into a family and it seems that mum loves that kid and seems committed to that kid, but there is 30 or 40 people living in that house, a lot of them male, the chances are we won’t substantiate. (Manager 3)

Although the display of parental love might mediate how harm is understood, as illustrated in Figure 5.7 questionnaire participants were reluctant to explicitly support this as a reason for child protection services not to be involved: 88 per cent of participants disagreed with the statement ‘Even if the physical care of the child is not adequate, if the child seems loved, child protection services should not get involved’. However, once involved, love may influence how child neglect is assessed.
Figure 5.7: Level of agreement with the statement ‘Even if the physical care of the child is not adequate, if the child seems loved child protection services should not get involved’ (n=37).

Sometimes, despite the presence of harm, the complexity of what is required to resolve the issue is experienced as so overwhelming that the issue of whether this is, or is not, child neglect becomes secondary. In these cases there appears is no individualised assessment of what the impact might be on the children, or what parental behaviours might or might not influence that: the ‘toxic’ environment overwhelms all thinking:

For example, we had one come in from [name of very remote community] where there were twenty two people living in the house. There were eight different children who had ringworm, scabies, nits and failure to thrive. A history of notifications around neglect; I think it was the eighth or ninth notification around neglect. I looked back and we have been in and out and conducted forensic
interviews on them but nothing has changed because the environment the kids in are clearly toxic...it is ongoing neglect....We go out and we investigate, and we might agree, but we can’t do anything ourselves, and we are not going to remove eight kids because we don’t have anywhere to put them. I agree that they shouldn’t be in that environment...but what is the alternative? So we come back and we tick the boxes on the computer and we wait for it to come back again. (Advanced Practitioner 2)

5.4.3 Basic needs

Although basic needs not being met was identified as critical to the definition of child neglect, all interview participants struggled to elucidate exactly what was meant by basic needs beyond ‘lack of food, clothing or shelter’: there is no clear standard to indicate at what point this lack becomes child neglect. Further, as identified above, where no harm was evident, an assessment of basic needs was considered somewhat redundant. Apportioning parental responsibility for the provision of basic needs in the context of disadvantage was also problematic as discussed further below.

The assessment of basic needs was considered important in cases of child neglect where child removal was being considered, primarily in order to convince Magistrates in Court to agree to this course of action. As identified above, cases of alleged child neglect can remain open or be unsubstantiated for considerable periods of time before they are
‘called’ child neglect. In part this is influenced by the belief that the only next step is child removal, and the desire to avoid this appeared to inhibit conducting a thorough assessment of basic needs and whether harm had resulted. This is illustrated by the following case involving a family of eight children, where five are less than 18 years of age, and the family have a long history of child protection and juvenile justice involvement. An open case, the child protection service has been providing family support most recently for two years with little change:

So we are getting to the last of these kids under our watch, and we are looking at these kids and we have got the four year old, no actually she is older, they are all not going to school, so she is five, can barely talk, just not talking and very flat affect...the next child up, all of his teeth are rotted out, all he has got are these little stumps. And again none of them are going to school. All sorts of bad food, or no food in the house often, mum doesn’t clean, the house if filthy and the outside yard is disgusting. So we are looking at this, and we have been intervening in this house for about two years. We have had an open case and we have been kind and we have had [family support agency] involved. We have had education on our backs for the past year ‘you have to remove these kids’. We have had a worker going there every single day to get mum up to get the kid’s off to school, nothing has changed.....we have been talking about and uhming and ahing about removing the two little children, do we, don’t we? (Manager 1)
Until this point there had not been an assessment of the ways basic needs had not been met, nor the impact this was having on the children. The decision was made to remove the children, and at this point specialist assessments were conducted which revealed significant developmental delay for the two younger children. Although there were two older children (aged 11 and 13) no assessments were conducted for them because the service was not asking to remove these children:

We said we didn’t want an order on the two older ones because they are not going to stay in care and it is going to be an impossible situation both for them and for us. (Manager 1)

The majority of participants stated culture complicated how basic needs are understood. In the following case a child suffered a significant burn injury (requiring evacuation to a tertiary burns unit in another state) made worse by the failure to seek Western medical attention in favour of ‘traditional bush medicine’. Significant conflict resulted in the child protection office handling this case about whether it was permissible to call this child neglect: whether failing to seek Western medical attention, and favouring traditional medicine, equated with not attending to basic needs:

You know not many people would feel confident to say no, bush medicine is not going to be able to fix it. What were you thinking? You would need that to come from an Aboriginal person, because you know, it would be considered a criticism of another culture. (Manager 2)
The issue of poor school attendance, or educational neglect was raised by every participant as a basic need which, if not met, should not be a reason for a child neglect referral. In part this is because: it is seen as a failure of education staff to do their jobs properly; understood to be widely tolerated in the Northern Territory and so referrals would swamp the system; it was difficult to know at what point harm occurred in order to assess basic needs have not been met; and finally, the majority of non-Indigenous interview participants suggested that forcing Indigenous children to attend school was to impose the dominant culture on a minority culture:

..but some people think it is neglect if the children are not going to school but if we are talking about Indigenous families it is not necessarily a value and they don’t see the educational system as being an important part of their lives. Well education is important to me because I have been brought up in a society like that, but I suppose if there is a traditional family or a traditional context they have their own kind of education I suppose in tradition and culture. (Community Welfare Worker 1)

Although non-Indigenous participants were confused about whether failure to attend school was a source of harm for Indigenous children, particularly those from remote communities, Indigenous participants were all in agreement that this constituted harm.

First of all one hundred per cent school attendance is the optimum we should all strive for. It is my understanding that school attendance is compulsory up until you are fifteen, but it is a law that has no teeth in my experience. I haven’t heard of parents being charged for not sending their kids to school. But if
parents don’t send their kids to school on a regular basis I would substantiate that as neglect. Having said that there are many Aboriginal people, particularly community people- I don’t think I have ever seen attendance of five days a week.

(Aboriginal Community Worker 2)

However, not one of the Aboriginal Community Workers had ever received a referral based on educational neglect.

5.4.4 Summary

A pattern of basic needs not being met, which was demonstrated by an impact, or evidence of harm, to the child were critical to study participants definition of child neglect. However, where significant risk of immediate danger could be established, typically for an infant, the need for a pattern and evidence of harm was not required.

Although participants stressed there needed to be an impact on the child (evidence of harm) to substantiate neglect, this was not the threshold for referral. Here risk of harm was considered sufficient to trigger notification to the child protection service. The differing thresholds led to conflict between the child protection service and professionals who notified cases of child neglect to the service.

Involvement with the child protection service was understood by study participants as punishment, and parents who had made a one-off mistake, who, it was believed, did not
understand the consequences of their omissions in care, or who were putting the child’s needs before their own (as evidenced by not drinking or gambling) were not seen to have deserved punishment, and thus involvement with the child protection service.

Although emotional neglect was acknowledged, it was seen as difficult to prove, and so the focus remained on physical neglect, where evidence of harm could be more easily established. Cumulative harm did not appear to factor in participant assessments of harm, largely because cumulative harm was a given: every child resident in a town camp or on a remote community was assumed not to have their basic needs met, and trying to disentangle where this was the responsibility of the parent was a complex task.

Section 5.3 described how study participants defined child neglect. This outlined that the pattern, harm and basic needs not being met were key features of this definition. Section 5.4 elaborated on this definition and described what study participants meant by these key features of child neglect in practice. Both section 5.3 and 5.4 largely drew on data gathered during in-depth interviews. The next section draws on data gathered from the postal questionnaire, and presents findings which describe whether study participants agree about the sorts of situations which are assessed as being child neglect.

5.5 Applying the definition: do child protection workers agree?

The postal questionnaire asked participants to evaluate a series of vignettes to decide
whether the vignette represented a case of child neglect. Participants were asked whether they strongly agreed, agreed, disagreed or strongly disagreed with the statement ‘This situation represents a case of child neglect’ for each of the vignettes: that is, they were compelled to make a choice, and display a certainty, about whether the situation was, or was not, child neglect. Participants were also asked to rate the standard of care for each vignette. Here there was an option to display uncertainty: the rating ranged from adequate care, borderline care, inadequate care and dangerously inadequate care. Finally, participants were asked to choose from a list the factors which influenced their decision. There was also an option to choose ‘other’ and describe the specific influencing factor, but no participant elected this option.

There were six vignettes as follows:

**Vignette One**

Lee is eight years old. She frequently comes to school tired. She was absent two days this week, and when she comes to school she tells her teacher that she had to stay home and look after her brother Sam, who is two, and was too sick to attend child care, and her mother had to go to work.

Vignette One involves the issues of sibling caretaking and inadequate parental supervision. No physical harm to either child is stated, although risk of harm may be present. Frequent tiredness on the part of the older, primary school aged child, may raise the possibility of ongoing, rather than one-off concerns.
**Vignette Two**

*Johnny is six. His clothes are worn and usually inappropriate for the weather.*

*Poor hygiene is a recurring problem, and the other children refuse to play with him because they say he smells.*

Vignette Two requires consideration of whether basic needs are met (clothing and hygiene). Although no physical harm is stated, the child is socially isolated and marginalised (emotional harm) as a result of the lack of attention to hygiene. The situation is chronic.

**Vignette Three**

*Jake is seven. He has never been to school. He spends his days happily wandering about, visiting various family members. Usually he returns home before dark, but he often sleeps at different family members’ homes. Sometimes his parents know which house he is at, frequently they don’t.*

Vignette Three involves possible educational neglect and inadequate supervision. Given that the child’s parents do not always know where he is, the Vignette raises the possibility of other basic needs not being met. The placing of the child in a context where he can wander about visiting various family members is likely to be read by study participants in the Northern Territory as implying the child lives on a remote Indigenous community. This raises the issue of extended family, rather than nuclear family, care. The situation is chronic.
**Vignette Four**

*Jessica is four. She lives with her mother and a number of other family members, including a number who stay with the family during their trips into town. Many of these family members use these trips to town to see the specialist, go shopping and drink alcohol, and it is not unusual for fights to break out late into the night. The house has broken windows, broken glass in the yard and driveway, doors that don’t close properly and overflowing bags of garbage in the yard.*

Vignette Four involves a pre-school aged child living in inadequate unsafe housing. There is little predictability about who will be staying in the house, and this, coupled with alcohol use and violence may place the child at significant risk. It is likely that many participants will read this Vignette as involving an Indigenous child, given the references to visiting extended family and poor quality overcrowded housing. The situation is chronic. However, there is not information provided about whether her mother or other carers act in ways that are protective.

**Vignette Five**

*Steve is fourteen. On Friday night his mother was angry with him for coming home later than agreed, and locked him out of the house all weekend. This morning at school he was tired and sad.*

Vignette Five relates to parent-adolescent conflict where the parental response is to lock the child out of the house, thus not attend to any of the child’s basic needs.
Although he may have been at significant risk, no physical harm occurred, although he was emotionally upset. There is no information about how frequently this occurs.

**Vignette Six**

*Sue is one and is in the bathtub being bathed by her father. The phone rings in the lounge, two rooms away. Her father leaves Sue in the bath and goes to answer the phone.*

Vignette Six involves a situation of significant risk to a one year old child: being left alone in the bath tub. The outcome of this behaviour is not stated. The frequency of this behaviour is not stated. This Vignette requires an understanding of risk and child development to assess.

### 5.5.1 Child neglect decision

As illustrated in Figure 5.8 (and also see Table 5.2), for each vignette a majority of study participants either agreed or strongly agreed that the situation represented a case of child neglect. However, considerable variation occurred across the vignettes. The most disagreement occurred with Vignettes Five and Six, with 30 per cent and 35 per cent respectively either disagreeing or strongly disagreeing that the Vignette represented a case of child neglect. The most agreement occurred for the first Vignette, where 14 per cent disagreed or strongly disagreed that the Vignette represented a case of child neglect. In the other Vignettes, 22 per cent in Vignette Two, 19 per cent in vignette
Three and 24 per cent in Vignette Four disagreed or strongly disagreed that the Vignette represented a case of child neglect.

![Comparison of responses to child neglect decision](image)

**Figure 5.8: Comparison of responses to child neglect decision**

### 5.5.2 Standard of care

How did participants rate the standard of care in each Vignette, and was this reflective of the level of agreement in the child neglect decision?

As illustrated in Figure 5.9 (and also see table 5.2), it was rare for participants to rate the care as adequate, and in three of the Vignettes none did so. Assessing care as adequate occurred only five times across all Vignettes; twice in Vignettes One and Six, and once in Vignette Three. In four of these five cases the study participants did not agree that the Vignette represented a case of child neglect.
Although there were exceptions, it was not surprising that respondents who assessed the standard of care as inadequate or dangerously inadequate typically agreed that the Vignette represented a case of child neglect. The exceptions to this were unusual: two of the 21 study participants in the first Vignette who rated the care as inadequate; one of the 14 who rated the care as dangerously inadequate in Vignette Four; two of the 14 who rated care as inadequate in Vignette Five and four of the 13 who rated the care as inadequate in Vignette Six did not agree that the situation represented child neglect. This illustrates that for a minority of study participants the assessment of care does not appear integral to the child neglect decision.

This is most starkly illustrated in Vignette Six; in all other Vignettes the percentage of study participants who agreed the situation was child neglect exceeded the percentage
who rated the care as inadequate or dangerously inadequate as shown in Table 5.2. However, in this Vignette, which involved a child of 12 months left alone in the bath, whilst 70 per cent rated the care as inadequate or dangerously inadequate, only 65 per cent said it represented a case of child neglect. In this Vignette, two study participants rated the care as adequate which raises concern about their understanding of child development.

<table>
<thead>
<tr>
<th>Vignette</th>
<th>Adequate Care</th>
<th>Borderline Care</th>
<th>Inadequate or Dangerously Inadequate Care</th>
<th>Story represents Child Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vignette 1</td>
<td>6% (2)</td>
<td>16% (6)</td>
<td>78% (29)</td>
<td>86% (32)</td>
</tr>
<tr>
<td>Vignette 2</td>
<td>0% (0)</td>
<td>43% (16)</td>
<td>57% (21)</td>
<td>78% (29)</td>
</tr>
<tr>
<td>Vignette 3</td>
<td>3% (1)</td>
<td>27% (10)</td>
<td>70% (26)</td>
<td>81% (30)</td>
</tr>
<tr>
<td>Vignette 4</td>
<td>0% (0)</td>
<td>38% (14)</td>
<td>62% (23)</td>
<td>76% (28)</td>
</tr>
<tr>
<td>Vignette 5</td>
<td>0% (0)</td>
<td>49% (18)</td>
<td>51% (19)</td>
<td>70% (26)</td>
</tr>
<tr>
<td>Vignette 6</td>
<td>6% (2)</td>
<td>24% (9)</td>
<td>70% (26)</td>
<td>65% (24)</td>
</tr>
</tbody>
</table>

Table 5.2: Comparison between standard of care and child neglect decisions: actual numbers in brackets (n=37)

In each of the Vignettes a number of study participants rated the care as ‘borderline’ ranging from 16 per cent in the first Vignette, to 49 per cent in Vignette Five. As discussed previously, it was not necessary for all study participants to assess care as inadequate or dangerously inadequate for them to agree that the situation represented a case of child neglect. However, study participants who rated the standard of care as borderline demonstrated the greatest variation in the child neglect decision: over half of all ‘borderline’ care ratings resulted in a decision that the Vignette did not represent child neglect. This is illustrated below in Figure 5.10.
The difficulty that some participants experienced in distinguishing between less than adequate parenting and child neglect is also reflected in responses to the statement

‘The boundary between poor quality parenting and child neglect is clear for me’.

Figure 5.10: Borderline standard of care and child neglect decision

Figure 5.11: Level of agreement with the statement ‘The boundary between poor quality parenting and child neglect is clear for me’ (n=37).
One-third of participants agreed the boundary was clear for them; 57 per cent of participants did not agree that the boundary was clear; and the balance was undecided.

Choosing the ‘borderline’ rating of the standard of care was demonstrated across all job title categories, suggesting that difficulty in assessing inadequate care is not confined to less experienced or junior workers. Figure 5.12 illustrates the percentage of all standard of care decisions which were ‘borderline’ ranged from 21 per cent for Team Leaders, to 40 per cent for Community Welfare Workers.

Participants from all job title categories assessed the care as ‘borderline’ in four of the six Vignettes. The exceptions were Vignette One and Six. In Vignette One only participants who are Community Welfare Workers and Advanced Practitioners and in Vignette Six only Community Welfare Workers, Advanced Practitioners and one Manager assessed the care as borderline.

![Figure 5.12: Borderline standard of care decision by job title](image-url)
Whilst the child neglect decision forced study participants to display certainty, the standard of care assessment enabled them to demonstrate uncertainty or equivocation about where to draw the line in cases of child neglect, and raises the question about how these cases would be decided in ‘real life’. Where the decision hovers near the line of good enough parenting other factors, such as worker values, organisational or contextual factors may exert a greater influence than case factors: this will be described further in Chapter Six.

5.5.3 Summary

The child neglect decision, a ‘forced’ decision, demonstrated a greater level of agreement than the standard of care decision. The level of agreement varied across the Vignettes, ranging from 86 per cent in Vignette One agreeing the situation was child neglect to 65 per cent in Vignette Six. That is, in the case where the most agreement existed, 14 per cent did not agree, and in the case where the lowest agreement existed, 35 per cent disagreed.

It was not always necessary for participants to assess care as inadequate or dangerously inadequate in order for them to agree the Vignette represented a case of child neglect. Firstly, small number of participants rated care as inadequate or dangerously inadequate yet disagreed the situation represented a case of child neglect, indicating for some the assessment of care does not appear integral to the child neglect decision.
Secondly, those who assessed the standard of care as borderline showed more variation (or unpredictability) in the child neglect decision. Over half of all borderline care assessments resulted in disagreement that the situation represented a case of child neglect.

This indicates that where participants are uncertain about how to evaluate the adequacy of care, uncertainty exists about whether to call the situation child neglect, as reflected by over half of participants agreeing the boundary between poor quality parenting and child neglect is unclear for them.

5.6 Conclusion

This chapter has contributed to answering the primary research question: how do child protection workers in the Northern Territory operationalise child neglect? It has also presented findings which answer two specific research questions: firstly, how do child protection practitioners in the Northern Territory view their role in working with cases of child neglect, and secondly, what level of agreement is there among child protection practitioners in the Northern Territory about the sorts of situations that are assessed as being child neglect?

The data presented in this chapter have highlighted that study participants experience low professional status and marginalisation in relation to child protection work with
cases of child neglect. Although this was acknowledged as experienced to some degree with child protection work generally, it was experienced acutely by study participants in cases of child neglect where families are largely Indigenous, themselves marginalised and where issues of poverty predominate.

Despite the power inherent in their role, participants expressed feelings of powerlessness to effect change in the lives of impoverished children and families. Further, the official power they possessed was a source of criticism expressed to them about their work, with the charge levelled either that they used their power to further oppress poor people, or failed to use their power to assist children at risk. They were sensitive to accusations of racism, which carried particular potency as the work occurred in the context of the Stolen Generations debate. Key to surviving in this hostile environment was to defend against the accusations of others.

In response to their perceived marginalisation, participants questioned the legitimacy of others, particularly the competence of health and education systems and workers. Child neglect referrals received from these ‘others’ were assessed by participants as inappropriate and reflecting the failure of health and education. Moreover, participants suggested that some referrals were based on other professionals being ‘judgemental’ and failing to take sufficient account of context and culture, the very accusations made of them.
The pessimistic view, believed to be held by others in the service network, about the value of child protection intervention in cases of child neglect was in large part internalised by study participants. As a result they expressed considerable ambivalence about child protection work in cases of child neglect, doubtful that the overwhelming need of families could be addressed within the child protection system and concerned that child protection intervention risked achieving little else but further harm.

This chapter describes the way that study participants define child neglect and highlighted that pessimism about their role extended to pessimism about the usefulness of formal (legislative, procedural) definitions of child neglect in their work. Nonetheless, participants remained committed to these formal definitions, which they saw as being necessary when educating those external to the child protection system about the sorts of parental omissions in care and indicators which constitute child neglect. They acknowledged that the different definitions of child neglect (that is, the formal and that used by them in practice) risked conflict between child protection workers, and those professionals who made referrals to the service.

This chapter also presented findings which illustrated that establishing a pattern, evidence of harm and basic needs not being met were central to participants’ definition of child neglect, and outlined what participants understood these key terms to mean in practice. Although parental omissions in care had to occur for some time before they were prepared to name this child neglect, specifying this length of time was
problematic. The pattern was typically established on a case by case basis, there was shared practice wisdom to guide decision making. For example, if the child was vulnerable, then the time required was shortened, and if the situation could also be considered dangerous, then a ‘one- off’ episode would obviate the need to establish a pattern.

Despite the importance of the pattern (of poor care) being considered a key feature of child neglect, cumulative harm was not considered a useful concept in practice, and most participants thought the living circumstances of many, if not most, Indigenous children, meant cumulative harm was taken for granted.

Although most participants did not agree with the statement that child protection services should only get involved with families when there was identified harm to children, in practice evidence of harm was considered essential to definitions of child neglect, excepting where the risk of harm constituted a dangerous situation. This typically involved immediacy of the danger, and vulnerability due to the young age of the child.

Harm was typically understood to mean physical, rather than the more difficult to prove emotional, harm. Furthermore, the same parental omissions in care were understood to have differential impacts on children: if the child typically received optimal care, then
omissions in care were understood to be more likely to cause them harm than for a child who typically received less optimal care on a day to day basis.

Moreover, whilst evidence of harm was considered necessary to the definition of child neglect, it was not always sufficient when naming a care situation as child neglect. Where participants believed there was no intent to harm the child they struggled to see the resultant harm as falling within a practice definition of child neglect. For example, a parent who is doing the best they can, and showing initiative, even where the outcome for the child is harm.

Harm is also more likely to be seen as the consequence of child neglect where parents are seen as morally deserving of a punitive response. For example, where a parent is failing to put the child's needs first, as evidenced by gambling or drinking alcohol, any subsequent harm is more likely to be understood as child neglect.

The third essential feature to define child neglect was ‘basic needs not being met’, although, in the absence of identified harm, basic needs assumed only minor importance, excepting where Court intervention was being considered. Participants also struggled to articulate exactly what constituted basic needs, particularly given the impoverished circumstances of their clients and because they were unsure whether all basic needs were culturally universal.
Whilst these three key features of child neglect were shared by all participants, every participant also had an individual threshold for assessing whether a care situation met the definition of child neglect. This was related to their personal values, a fact which caused them discomfort, and which will be discussed further in the next chapter.

Finally, the chapter presented quantitative findings which illustrated the level of agreement amongst study participants about the sorts of situations that are assessed as child neglect. Whilst a majority of participants agreed each Vignette represented a case of child neglect, there was considerable variation across each Vignette, and a sizable minority who did not agree.

Typically the child neglect decision appeared to follow from the standard of care assessment; where participants rated the standard of care as inadequate or dangerously inadequate, they assessed the situation as one of child neglect. However, for a small number of participants the child neglect decision did not appear influenced by the standard of care decision. That is, care was assessed as inadequate or dangerously inadequate, but the situation was not evaluated as representing child neglect.

Finally, the findings demonstrate that where the standard of care was assessed as borderline, considerable variation in the child neglect decision resulted. Over half of all borderline decisions resulted in an assessment that the situation was not one of child neglect.
This chapter has described the study participants, the way they view their role in cases of child neglect, how they define child neglect and whether they agree about the sorts of situations that are assessed as child neglect. It has revealed considerable ambivalence about the value of child protection interventions in cases of child neglect, issues of professional marginalisation experienced by the participants in their practice and the way in which participants defend against, and survive a hostile professional environment.

The chapter has also described the complex way the key definitional features of child neglect in practice are understood by participants. The key features of child neglect are ‘the pattern’, ‘harm’ and ‘basic needs not being met’. Child neglect was largely understood to be physical; whilst emotional neglect was acknowledged it was considered too difficult to prove. Similarly, cumulative harm was not considered a useful concept for child protection work, largely because participants considered most Indigenous children experienced cumulative harm. The chapter has also demonstrated that participants consider formal definitions are not useful for practice, although they may be useful for educating others.

Finally, findings demonstrating the level of agreement about child neglect were presented. Whilst the findings illustrated majority agreement in response to a decision about whether Vignettes represented a case of child neglect, the level of agreement varied between cases, ranging from a high of 86 per cent agreeing the Vignette
represented child neglect, to a low of 65 per cent. The findings also demonstrate that participants find determining the boundary between ‘poor quality’ and neglectful parenting difficult, as illustrated by the percentage of participants assessing care as borderline: this assessment ranged from 16 per cent in Vignette One to 49 per cent in Vignette Five. Where care is assessed as borderline there is less predictability about the child neglect decision.

The next chapter, Chapter Six will describe the findings which explore factors which influence assessments of child neglect, including those factors which may contribute to uncertainty about assessing the adequacy of care being provided.
Chapter Six:

Factors influencing child neglect assessments

Introduction

This chapter presents quantitative and qualitative data that address the research question: how do child protection practitioners in the Northern Territory operationalise child neglect? In doing so it also addresses the subsidiary research question which asks what factors influence assessment of child neglect by child protection practitioners in the Northern Territory.

Chapter Five presented findings which described the study participants, how they viewed their role in cases of child neglect, how they defined child neglect and the level of agreement about the sorts of situations which constitute child neglect. In doing so Chapter Five presented findings which answered these subsidiary research questions: firstly, how do child protection practitioners in the Northern Territory view their role in working with cases of child neglect and, secondly, what level of agreement is there among child protection practitioners in the Northern Territory about the sorts of situations that are assessed as being child neglect?
The problem of consistency is a key theme in the research literature around child protection decision making in general, and child neglect decision making in particular (Horwath 2005). In part this is a result of the ambiguity of the concept of child neglect coupled with the dominance of practice wisdom and personal values in child protection practice. In Chapter Five, findings are presented which highlight the importance of context in assessing and understanding child neglect. Formal definitions, according to them, did not take account of context. Establishing a pattern of a child’s basic needs not being met and causing harm to the child was considered critical to defining and assessing child neglect. As Chapter Five demonstrated, the way that harm and basic needs, were understood was influenced by the context of practice and how to respond to this, learnt over time from other workers: this constitutes practice wisdom.

By context study participants primarily meant the cultural and economic context of children’s lives in the Northern Territory. However, they also referred to the context of practice. The latter included how others in the service network and the wider community viewed the child protection service, how workers themselves viewed the role of the child protection service, as is discussed in the previous chapter, and the personal and professional values workers bring to the task of assessment.

This chapter will present findings about the way key worker, case and contextual factors influence assessments of child neglect. In so doing, it presents both quantitative and qualitative data generated by the postal questionnaire and in-depth interviews.
Firstly, the quantitative data describing the factors which influence participant decision making about a series of vignettes in the postal questionnaire are presented. This is followed by qualitative data gathered during the in-depth interviews, which describe how key worker and contextual factors are made sense of in practice, and inform assessments of child neglect. The chapter concludes by presenting qualitative data from the in-depth interviews which describe how child neglect is operationalised in the Northern Territory using what study participants describe as ‘the community standard’. Threaded throughout these findings are the responses of participants to a series of statements about child neglect to supplement the qualitative findings: the responses draw on quantitative data from the postal questionnaire.

6.1 Factors influencing child neglect and standard of care decision

This section presents the findings describing the factors influencing participant responses to the Vignettes in the postal questionnaire; how they assessed the standard of care and whether they agreed the situation described child neglect decision. The section begins by presenting the factors which influenced the decision that a Vignette did describe child neglect; followed by the factors which influenced those decided the Vignette did not represent child neglect. It concludes by presenting the findings in relation to those participants who assessed the standard of care as borderline. As described in the previous chapter, where participants assessed the standard of care as borderline, the child neglect decision was less straight forward.
6.1.1 Influencing factors for child neglect agreement

Two factors were demonstrated to be important in influencing those study participants who agreed the situation was one of child neglect; these were basic needs not met and significant risk of harm. In addition to being overall the most frequently nominated factors influencing decision makers, either one or the other of the factors were the most nominated by study participants across each of the stories.

<table>
<thead>
<tr>
<th>Influencing Factor</th>
<th>Vignette 1</th>
<th>Vignette 2</th>
<th>Vignette 3</th>
<th>Vignette 4</th>
<th>Vignette 5</th>
<th>Vignette 6</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic needs not met</td>
<td>26</td>
<td>24</td>
<td>21</td>
<td>18</td>
<td>18</td>
<td>7</td>
<td>114</td>
</tr>
<tr>
<td>Basic needs met</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>No harm evident</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Significant risk</td>
<td>16</td>
<td>7</td>
<td>16</td>
<td>22</td>
<td>15</td>
<td>19</td>
<td>95</td>
</tr>
<tr>
<td>Actual harm</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Poverty, not neglect</td>
<td>5</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Chronic nature</td>
<td>11</td>
<td>16</td>
<td>16</td>
<td>19</td>
<td>1</td>
<td>0</td>
<td>63</td>
</tr>
<tr>
<td>Appears one-off</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>11</td>
<td>25</td>
</tr>
<tr>
<td>Beyond parent’s control</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>May be culturally appropriate care</td>
<td>6</td>
<td>2</td>
<td>15</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>30</td>
</tr>
</tbody>
</table>

Table 6.1: Number of times each factor nominated as influencing decision making by child neglect agreement

The third most nominated factor was the chronic nature of the situation (important in all but Vignettes Five and Six), followed by an assessment that the situation may be culturally appropriate care and the situation appears to be a ‘one-off’. The most important influencing factors were congruent with two key elements of the definition of child neglect outlined in the previous section. That is, that child neglect is a pattern of basic needs not being met which left an impact on the child and which had occurred for
some time. However, the responses to the vignettes indicated that risk, rather than evidence, of harm was sufficient to assess a situation as one of child neglect.

Although culture was a key complicating factor in the qualitative data defining child neglect, for those who agreed the Vignette represented child neglect, that the situation ‘may be culturally appropriate care’ did not feature strongly in decision making across the vignettes. However, in one case (Vignette Three) it was nominated as an influencing factor by 15 (or 40 per cent of) participants. As stated in Chapter Five, this Vignette is written in a way that suggests the child is resident on a remote Indigenous community. Similarly, also clustered, in this case to Vignettes Five and Six, was that the situation may be a ‘one off’. Here it appears that the assessment ‘significant risk’ was present was more important in informing the child neglect decision.

Other factors such as ‘no harm evident’; the ‘situation is poverty, not neglect’; ‘actual harm is evident’; ‘basic needs are met’ and the ‘situation is beyond the parent’s control’ were nominated with much less frequency. This would imply that factors related to the case, rather than the context, are the critical factors in agreeing that a case is child neglect.

The findings also illustrate that the nature of the case, as understood by study participants, influences whether contextual factors will be incorporated into assessing child neglect. In addition to example provided in relation to the influence of ‘may be
culturally appropriate care’ (in Vignette Three), Vignette Two had the lowest number of nominations for the presence of ‘significant risk’ of harm, and although the Vignette stated the child is socially isolated and rejected by his peers as a result of poor hygiene this was not understood as ‘actual harm’. This may reflect the favouring of physical, over emotional, harm in understandings of child neglect whilst also supporting the belief that harm is experienced differentially by children, with poorer children typically understood to experience ‘less harm’ from unfavourable circumstances. Vignette Two had the highest number of nominations for the factor ‘the situation is poverty, not neglect’ although no information was provided about the family’s economic circumstances.

6.1.2 Influencing factors for child neglect disagreement

The most frequently nominated factors influencing those who disagreed that a Vignette represented a case of child neglect were ‘no harm evident’ to the child, and that the situation ‘appears a one-off’, as shown in Table 6.2. This was followed by an assessment that ‘basic needs were met’; ‘significant risk’ of harm was present; the situation ‘may be culturally appropriate care’ and the situation is ‘poverty, not neglect’.

Whilst risk of harm was important for those who agreed the Vignette represented child neglect, for those who disagreed, the threshold was higher: the lack of evidence of harm influenced the decision that the Vignette did not represent child neglect. This is most
clearly illustrated in Vignette Six. Both those who agreed and those who disagreed that the vignette represented child neglect were influenced by the factor ‘appears a one-off’. However, those who agreed also noted ‘significant risk’ was present, and this appeared more important in their decision. For those who disagreed, although ‘significant risk’ was noted in Vignette Six, the factor ‘appears a one off’ seems to have played a greater role in their decision making.

<table>
<thead>
<tr>
<th>Influencing Factor</th>
<th>Vignette 1</th>
<th>Vignette 2</th>
<th>Vignette 3</th>
<th>Vignette 4</th>
<th>Vignette 5</th>
<th>Vignette 6</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic needs not met</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Basic needs met</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>No harm evident</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>5</td>
<td>8</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>Significant risk</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>Actual harm</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Poverty, not neglect</td>
<td>2</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Chronic nature</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Appears one-off</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Beyond parent’s control</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>May be culturally appropriate care</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
</tbody>
</table>

Table 6.2: Number of times each factor nominated as influencing decision making by child neglect dis-agreement

A number of those who disagreed that the Vignette represented child neglect also paid attention to the basic needs of the child, thus indicating some agreement that basic needs are critical to defining child neglect. However, how basic needs are understood, and the degree to which this construct is influential, are questions raised by the responses here. In all but Vignette Four, a small number of participants assessed that basic needs were met in contrast with most participants who assessed that the child’s basic needs were not met. Typically an assessment that basic needs were not met led to
a decision that the Vignette represented a case of child neglect. However, small number of participants who noted basic needs were not met also disagreed that the Vignette represented child neglect.

6.1.3 Influencing factors and borderline care

As described in Chapter Five (see Figure 5.10), study participants who rated the standard of care as borderline showed the greatest unpredictability in the child neglect decision. What factors influenced this group of participants who found it difficult to draw the line?

Firstly, the most nominated influencing factor considered by those who assessed the standard of care as borderline was that of basic needs, and this appeared to be the factor which complicated their decision making. Almost as many nominations occurred for basic needs not met as for basic needs met. This is consistent with the responses described in Figure 6.4 above which illustrated the difficulty, for over half of the participants, in distinguishing between poor quality parenting and child neglect.

Secondly, ‘lack of harm evident’ was an important influencing factor, particularly in Vignette Five, and, after basic needs, was the only influencing factor nominated at least once in each Vignette. The situation appearing a ‘one off’ and ‘significant risk’ were also important influencing factors.
<table>
<thead>
<tr>
<th>Influencing Factor</th>
<th>Vignette 1</th>
<th>Vignette 2</th>
<th>Vignette 3</th>
<th>Vignette 4</th>
<th>Vignette 5</th>
<th>Vignette 6</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic needs not met</td>
<td>2</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Basic needs met</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>No harm evident</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>6</td>
<td>10</td>
<td>1</td>
<td>26</td>
</tr>
<tr>
<td>Significant risk</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td>Actual harm</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Poverty, not neglect</td>
<td>2</td>
<td>9</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Chronic nature</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Appears one-off</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>6</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>Beyond parent’s control</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>May be culturally appropriate care</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 6.3: Number of times each factor nominated as influencing decision making in borderline standard of care

Contextual factors such as ‘the situation is poverty, not neglect’ and that the situation ‘may be culturally appropriate care’ appeared more influential in decision making for those who assessed care as borderline. Across all of the Vignette decisions, 35 per cent of all nominations for the influencing factor ‘situation may be culturally appropriate care’ were from those who assessed care as borderline. In addition, 53 per cent of all nominations for the influencing factor ‘situation is poverty, not neglect’ came from those participants who assessed care as borderline. For both factors, the influence was as likely to result in agreement, as disagreement that the vignette represented child neglect reinforcing that the outcome of borderline care assessments tends to be more unpredictable, and perhaps inconsistent, than for other standard of care assessments. It also suggests that culture and poverty are key contributors to both borderline care assessments and to unpredictability in decision making.
6.1.4 Summary

For most participants who agreed a Vignette represented a case of child neglect, an assessment that the child’s basic needs were not met was a key influencing factor. However, for a small number of participants, the assessment that basic needs were not met did not result in agreement that the Vignette represented child neglect. Further, in Vignettes where the majority of participants assessed basic needs as not being met, there was a minority who assessed basic needs as having been met. The borderline care assessment showed the greatest variation in whether basic needs were, or were not met. Consideration of a child’s basic needs was not evident in every participant decision, indicating that meeting a child’s basic needs is not always essential to making a decision about either the standard of care or child neglect.

Although the significant risk of harm was influential in deciding a Vignette represented a case of child neglect, for those who disagreed, the lack of evidence of harm was influential. This indicates the threshold for child neglect is higher for those who disagreed. Even where significant risk was noted (as in Vignette Six) by those who disagreed, as it was by those who agreed, that the situation represented child neglect, that it appeared a ‘one-off’ was more influential in the decision making for the former group. This illustrates that although both groups identified significant risk they were weighted differently for the purposes of decision making. This may also reflect different understandings of risk.
Finally, contextual factors complicate the assessment of the standard of care, and thus the child neglect decision: this was particularly evident where participants assessed the standard of care as borderline. The key contextual factors influencing the borderline assessment of care are poverty and cultural factors, although the direction of this influence in relation to the child neglect decision is unpredictable.

Drawing on qualitative data arising from the in-depth interviews, the previous chapter described how participants understood the key concepts essential to their definition of child neglect: the pattern, harm and basic needs not being met. This highlighted the way that context and personal values influenced the understanding of these terms. The following section explores the way that personal values, poverty, culture and history influence child neglect assessments.

6.2 Worker and contextual factors influencing assessment

The findings presented in the previous chapter indicate that participants were challenged by the context of practice when assessing child neglect. Although issues of harm, establishing a pattern and basic needs were uniformly accepted as critical to definitions and the assessment task, making sense of these in practice was complex. For example, harm was not understood as a universal outcome from a set of parental omissions in care, in part because participants perceived that the same omissions in care could have differential impacts depending on what a particular child was
accustomed to, and what the situation for other children in their community might be. This view also influenced how sense was made of basic needs. There was a strong belief that a child used to receiving less than optimal care in a socially and economically disadvantaged community is likely to be less harmed than a child who usually receives optimal care in a prosperous community. The context provides the filter through which, for example, harm is perceived.

The previous section established that participants who rated the standard of care in the questionnaire Vignettes as borderline, showed greater variation in the standard of care decision and also a greater influence of contextual factors in their decision making. The key contextual factors were poverty and culture. This section describes these contextual factors which influence how child neglect is assessed in more detail. In doing so it presents qualitative findings from the in-depth interviews. An additional key influencing factor is that of the history of relations between the State and Aboriginal people. This factor is also described here.

In addition to poverty, culture and history participants were also influence by personal values. The section begins by presenting qualitative findings from the in-depth interviews which reveal the influence of personal values.
6.2.1 Worker factors: the influence of personal values

How do interview participants view the influence of values on their understanding of child neglect? The majority of participants in this study all endeavoured to disown their personal values when it came to assessments of child neglect. Whether they effectively did so in practice is not something this study can evaluate. However, what is important is the way they spoke about values. Participants viewed the use of personal values with suspicion, as they inevitably lead to ‘judgemental’ practice, and ‘judgemental’ practice was considered morally dubious practice.

Figure 6.1: Level of agreement with the statement ‘Whether a situation is one of child neglect or not really depends on the views of individual workers’ (n=37).
Although interview participants were constantly troubled about the possible influence of personal values, 51 per cent of participants in the questionnaire disagreed or strongly disagreed with the statement ‘Whether a situation is one of child neglect or not really depends on the views of individual workers’ as shown in Figure 6.1. Thirty per cent of participants agreed or strongly agreed with this statement, and 19 per cent neither agreed nor disagreed. The responses to the statement may reflect an aspirational, or perhaps defensive, stance on the part of study participants, that is, assessments of child neglect should not reflect the views of individual workers. This is consistent with the desire to have uniform definitions of child neglect outlined earlier, even though there was scepticism that this was achievable:

The other thing I talk about is the subjective nature of neglect, because as much as people feel they are objective, they are not. You can never completely divorce yourself from your own values. So we talk about neglect as being very values based, and so you attempt to divorce yourself from your own values around that. (Manager 1)

Whilst the majority of interview participants were frank in their assessment that child neglect was relative and based on a particular perspective, they were also keen to defend themselves from any suggestion they were influenced by their personal values in making assessments - they stood on guard against this. Interview participants accepted that assessments of child neglect should be value free, objective and technical, even though, like uniform definitions, they did not believe this was possible. This dilemma is
illustrated in the following extract, which begins by discussing values as things that can get a worker into trouble:

I think to be consistent you have to use the policy and procedure manual and that is what you should go on because if you start bringing your own values into it, you know, you will have all sorts of strife. (Advanced Practitioner 5)

However, when asked to explain how to make the decision about the line between child neglect and ‘just okay’ parenting the answer is:

Yeh, there you go, my values I suppose, and um, past experience..this has happened before with other families and this has been called neglect, and yeh, if I had a five year old I wouldn’t like my five year old to be left all by themselves. (Advanced Practitioner 5)

Even though most interview participants shared the goal of putting their values to one side, at the same time they saw values as integral to the concept of neglect, and to the decision making about neglect, although they believed it ought not to be.

All participants were anxious lest their assessment that individual care situations were unacceptable be understood to mean that they were ‘imposing their values’. This was particularly acute for participants because, overwhelmingly, this accusation could be made as a result of identifying the care provided to an Aboriginal child as unacceptable:

So for me to see children all crowded on a dirty mattress in a one bedroom house or no walls, I would then have to question my values and how that sits with my values as well as is this a child protection concern or is this just the way
this family does it and have been doing it for centuries? (Community Welfare Worker 5)

Here the assessment of harm, or basic needs, earlier considered crucial to definitions of neglect, is transformed into the assessment of values, or traditions. Whilst there is a suggestion that the level of care might be a child protection concern, the question is framed as either child protection or family tradition, and overlooking the possibility that it could be both.

Despite the perceived need for constant vigilance to avoid being influenced by personal values, interview participants struggled to silence this ‘personal values’ voice. This resulted in a marked separation between the personal assessment of a care situation, and a professional assessment of a care situation. Personal definitions, influenced by personal values, dictate a particular course of action which is rarely followed. This arises from a belief about what the professional, or organisational, definition of neglect allows, without necessarily acknowledging that both are values positions:

So it is a really different pattern here, and I wasn’t expecting the pattern, but I did know I would have to lower my threshold. I would have to accept a greater level of what I would term neglect. I think, particularly working in [place] you look around at people’s living conditions, and you think according to my definition of child neglect I should remove all these children. I am not going to do that and there are so many reasons you wouldn’t take that approach..... none of us would want to leave our children in town camps. None of us would like any
children to be in town camps because dog faeces, you know for so many reasons, the violence the abuse, no safe sleeping, you know, sexual abuse, drunk adults, drunk parents, broken glass there is a million reasons. But we allow kids to live there and living on a town camp itself is not the basis for a notification.

(Manager 2)

All but one participant considered personal values as unreliable guidance for practice, since acting on personal values might oblige an expansion of the numbers of children and families, particularly Aboriginal children and families with whom the child protection agency would be involved:

..child neglect has unbounded parameters around what that means, because if you look at child neglect, if you just took a very Western middle class white point of view and said right, we are going out to remote communities and we are going to look at child neglect you would bring half of the children, or three quarters of the children into the care system. And sometimes workers are new to the system want to do exactly that. (Advanced Practitioner 7)

Only one study participant explicitly saw her personal values as being not only helpful, but essential, in assessing cases of child neglect. This may be because as an Aboriginal worker the need to be on guard against imposing ‘white middle class values’ was not an issue for her:
I learnt about child neglect probably by reading the policy, looking at that, and having a read of the files and I guess forming my own opinion of what I would perceive as neglect...and not going too far either side of my beliefs. (Aboriginal Community Worker 1)

6.2.1.1 Learning to overcome personal values

And they think that their qualifications alone will help them make sense of all of this. (Aboriginal Community Worker 3)

The definition of what neglect means in practice is learnt through experience really, through experience learning about what are the community’s standards, what is acceptable and what is not acceptable. It is not a textbook definition of what neglect is. (Advanced Practitioner 7)

The sense of being isolated within a network of other service providers (discussed in Chapter Five) results in the organisational socialisation experiences of child protection workers being particularly important in assisting them to understand how to do the job, and manage the tension between what their personal values indicate they should do, and what they believe the job enables them to do. All study participants either explored the initial shock they experienced, or the ways they assisted new workers who experienced shock, arising from witnessing the lived realities of many children and families. This shock was typically understood as arising from the conflict between
personal values and the values of the families with which they worked. For the novice worker the task is to come to accept what they see as being the ‘way people live’ even though their previous training and experience may have taught them to assess the situation differently and to overcome the ‘shock’:

I mean me, my standards, that place is not clean enough, but when you see the other houses I have been into..I thought that house was what you might call a clean house for that standard, but [name of worker] was a bit shocked about that...and also the lack of furniture. There were mattresses on the floor and a TV but no table or chairs inside or any other things. It was just bare and I said ‘well this is just the way they live’, and he said ‘But this is terrible!’ . When someone delivered a big bag of buns or something, and the lady gave it to one of the adults and she put it on the ground and quickly the dogs came over ripping the bags, and the kids, taking [the buns] and eating the buns...you know for someone coming and seeing that it is quite shocking. (Aboriginal Community Worker 2)

The task of more experienced workers is to educate novices to understand this is ‘the way they live’; that it is different in the Northern Territory, and to know what is and is not relevant to the assessment task. If workers failed to learn these lessons, and relied upon their initial responses, participants suggested this left them vulnerable to the charge they were making ‘moral judgements’. Such judgements were understood to always to arise from personal values and were thus considered unprofessional, even
where these judgements might be backed by evidence about what is harmful to children:

It was obviously very different, and I have been out in houses where I thought I definitely wouldn’t consider leaving the children there, they would be at risk..and the parenting styles, some of the things here are a bit more laid back that what I am used to..in terms of my own moral judgement, it is very different. I suppose I am not used to going out bush and seeing children sleeping on mattresses, the dirt. And people walking around with nothing on their feet, people with health needs not being met, children, their teeth are black because they haven’t been to the dentist. (Team Leader 3)

This was a difficult task, made more so the greater the distance between a worker’s initial judgement about whether a situation was acceptable or not, and what was practice wisdom about what could be accepted here. Understanding required suspending both personal values and re-adjusting professional judgements:

I suppose I am a bit more used to seeing this type of situation than she was. She is fairly new, and had never seen anything like this in her life and it was really shocking to her. In fact another worker I took out with me on that Monday, he has worked around Australia, not much in the Indigenous context, but he has worked in [place]- he got really upset and said he had never experienced anything like this in his life. Just the conditions in the camp and the condition of the child. He said anywhere else this child would have been removed a long time ago. So you are having to, people like that are having to, really adjust their
professional judgements and actions, their whole...they really have to push it out even though they don’t want to. (Advanced Practitioner 1)

Although the majority of participants described the unease associated with suspending judgements they were also clear about what they believed would occur if they failed to do this. If workers started paying attention to too many issues affecting children, they feared having to work with every family resident on a town camp, or in a remote community which risked having to remove increasing numbers of Aboriginal children. Nonetheless, participants were uncomfortable with explicitly stating that their decisions might be heavily influenced by not wanting to be swamped by demand (or rationing); it was more acceptable to link decision making with ideas of cultural sensitivity and non-judgemental decision making:

Why is it that neglect issues continue to happen with Aboriginal people? I explained to him [the new worker] when we discussed this case I said you know when you make decisions, the question is going to be well, do we remove this kid or don’t we? And I was saying if you remove this child you are going to have to remove half of the kids in communities because this is the way they live. And I said it is not appropriate to live like that, however, I mean, you can’t remove all of them. It is what is considered normal for them. (Aboriginal Community Worker 2)
Adjusting professional and personal judgements to accept a lower standard of care is considered the ‘big challenge’ which, in order to survive as a child protection worker, must be met. However, one of the risks associated with practice divorced from a moral or values base is accommodation to impoverished circumstances:

I guess the big challenge and it happens to everyone is the standards. There would be no- in any other state there would be no children left in town camps. There is no way we would place a child in a town camp-the risk would be too high, we would be removing every child, bottom line. So I guess when you come here, the level of risk and the difference in the level of risk.....What is common here like head lice and scabies and school sores, they are not common down there, they are not common in any other state. So that is really challenging and challenges a lot of interstate workers...It is actually quite interesting watching them when they come from a different state and they get a notification and they say ‘oh this would never be accepted in NSW or wherever..this is disgusting and you watch them as they start to get used to, to sort of, accommodate to it and then all of a sudden, it is oh, well, that is the standard here so it is okay. But the million dollar question is, is it okay? (Team Leader 5)

The anxiety about whether the way they approached cases of child neglect was appropriate was widely shared by study participants, and the way that their approach risked normalising what are clearly harmful circumstances troubled them:
I catch workers saying oh it is only ‘abc’. Only that alone, but because it is happening in a family in a town camp it doesn’t really rate because it doesn’t meet the threshold. There was a kid last week, he had two blown ear drums, pussy infected foot and his mum hadn’t taken him to the doctors, but it didn’t really...the school was involved and we were involved, but it didn’t meet the threshold]...yeh it was ‘only’...but this kid could be deaf for the rest of his life if he doesn’t get help, but he wasn’t at immediate risk. (Advanced Practitioner 2)

The tension between normalising unacceptable conditions and being swayed by personal values, the latter which risked drawing large numbers of children into the purview of the child protection service, was acutely felt by all participants. The disadvantage experienced by Aboriginal people in the Northern Territory is outlined in Chapter Two. Overwhelmingly clients of the child protection service are Aboriginal and they are also very poor. How is poverty understood by participants, and how did this understanding influence their assessments of child neglect? The next section considers the ways in which poverty as an influencing factor was described.

6.2.2 Poverty

The definition of neglect is on a sliding scale depending on your resources. (Advanced Practitioner 6)
The majority of participants understood child neglect as being relative to social and economic circumstances and resources. Resources included the individual family’s resources (such as income) and the resources available to the community in which the family lived. It also included whether other services were providing their service appropriately: participants were reluctant to call something neglect if the issue, as they saw it, was a child suffering harm because other service providers were not meeting the needs of the child. The key areas where this was likely to apply were where a child had a disability, or the need not being met was education.

Where multiple issues such as overcrowded, poor quality housing, community remoteness, low income and substance abuse, were present in a family, particularly an Aboriginal family, study participants expressed feelings of hopelessness. Unable to offer anything to address the situation except child removal (which was not seen as warranted), they struggled with substantiating child neglect. This implied that it was within the power of someone (either the parent or, more importantly perhaps, the child protection service) to change. In the absence of substance abuse or gambling, which were evidence of not putting the child’s needs first, poverty as an explanatory factor became more important.

To substantiate child neglect (which is to say it met the definition of child neglect and was proven) in these situations, was seen to simplify a complex care situation, to apply a template of parenting that did not fit the realities of the family concerned and to hide
power relations present. These anxieties were not present when participants talked about other forms of maltreatment:

Here women cop a lot of pressure from all sides about who to feed first in the house, who has the power in the house...only the other day (colleague) said ‘Look I really don’t want to substantiate this case because I can see that mum really wants to look after this baby but there are forty other people in the house who could be helping to look after this baby too. So do I substantiate it and put down as the perpetrator all the forty other people?’ Well I am not going to do that, so we are not going to substantiate it. (Manager 3)

Faced with what Garbarino (1999) might describe as toxic environments, all participants struggled to disentangle what might or might not be child neglect. They described being overwhelmed by the level of poverty, disadvantage, poor housing and rubbish on town camps and in many very remote communities. These environments were in themselves seen to be evidence of the neglect of children by the wider community, and carving out the role for the child protection service proved difficult:

I think particularly working in (place) you look around at people’s living conditions and you think according to my definition of child neglect I should remove all of these children. I am not going to do that, and there are so many reasons you wouldn’t take that approach in (place) particularly, so that immediately makes me challenge my internal threshold of what neglect is...None of us would like any children to be in town camps because of dog faeces, you
know for so many reasons, the violence, the abuse, no safe sleeping, you know sexual abuse, drunk adults, drunk parents, broken glass. There are a million reasons. But we allow kids to live there and living on a town camp itself is not a basis for a notification. (Manager 2)

The majority of participants frequently referred to their involvement with poor families as punishment or punitive. As a result they looked for ways not to get involved in families who were not deserving of punishment (for example, those who were not substance misusers), particularly where whole communities lived in disadvantaged circumstances:

I think about the standard of services the government provides you can’t punish a community because they are not provided with the same resources as everywhere else. You are not going to remove every child on a community because there is not enough houses...that has nothing to do with that family...you can’t punish them for that. (Advanced Practitioner 8)

Interview participants stated that their job was not to draw poor people into the child protection service because that would be punishing poor people, and applied definitions of child neglect needed to reflect this:

...having seventeen people in the house is not okay but on a community they don’t have any choice. There is a lack of housing. It is not the fault of the families that there have to be seventeen people in the house but it is a systemic problem and so to want to go in and remove all the kids from houses that have
14 or 15 people living in them would be kind of, yeh, systems abuse...it doesn’t mean it is acceptable but it doesn’t mean that you blame the families for that.

(Advanced Practitioner 7)

A sense of hopelessness and helplessness was apparent when interview participants described the level of impoverishment in many of the communities they visited. There was universal agreement that it was important to be cognisant of the social determinants of health and well-being particularly in cases of child neglect. At the same time, this could be immobilising when applied to the individual families:

It has led me into discussions about the bigger issues, but nobody seems to know-everybody is aware of it and everybody is worried about it but no one seems to know what the answer is. Alcohol, poverty, disenfranchisement. These are big issues. The Intervention. What is the answer? How do we turn communities around? Should they be turned around? How do we deal with the rubbish? What do we do about the dogs? Infra-structure? Are people not washing their children or their clothes because they have no facilities to do that or are they apathetic? That I think is what people are trying to understand and deal with on different levels. But no one seems to have the answer and I get the sense that everyone feels a little despairing about that. Because the problem is so big, and so multifaceted. (Community Welfare Worker 6)

As illustrated in Figure 6.2, the sense of being overwhelmed and struggling to know where to begin is reflected by the responses to the statement ‘I find it hard to know
what to do in cases of child neglect: there are so many issues to address’. Over half of the participants agreed with this statement; 35 per cent disagreed, and 14 per cent were undecided.

![Pie chart showing the level of agreement with the statement 'I find it hard to know what to do in cases of child neglect: there are so many issues to address' (n=37).](image)

**Figure 6.2** Level of agreement with the statement ‘I find it hard to know what to do in cases of child neglect: there are so many issues to address’ (n=37).

To varying degrees all the study participants shared this sense of hopelessness, although the Aboriginal Community Workers seemed more able to ‘see beyond’ the poverty, quite likely because they had the skills, and perhaps the personal experience, to observe in a more nuanced fashion:

No, no I can’t solve all these big problems and that is where you have to focus.

You have to ask questions about this specific child and family and what is not
working here, and what can I deal with? What is the specific need that I need to work on to protect this child? For example, if it is FTT, is it gambling, or is it money management or something else? What can we do to address this? .....if it is overcrowding leading to poor hygiene leading to infection and sickness and then failure to thrive? We can’t get a new house, but can we work with the family to address hygiene issues? If we can’t, then again do we have to start looking at other options until the child is strong enough to withstand the living conditions which we can’t change. (Aboriginal Community Worker 4)

For example, the family we can hear (in the room next door), we have been working with them for five years, but over that time they have had successive children and the problems continue. Sometimes they say ‘why us, we are no different from other families’...and that is true...I say but look, your neighbour, the clinic, the police officers they are really worried about your kids and that is a good thing...they want your kids to do well and be safe. (Aboriginal Community Worker 3)

Despite the pervasive sense of hopelessness about the impoverishment of the families with whom they worked, and feeling overwhelmed about what interventions might assist, participants felt more confident about what is reasonable to expect of poor families. Just over 70 per cent of questionnaire participants disagreed or strongly
disagreed with the statement ‘I find it difficult to know what is reasonable to expect of poor families’ as illustrated in Figure 6.3.

![Figure 6.3 Level of agreement with the statement ‘I find it difficult to know what is reasonable to expect of poor families’ (n=37).](image)

What did participants expect of poor families? Whether poverty was a lack of skills or a lack of money, all interview participants believed that parents had an obligation to be resourceful, to avail themselves of services and to make hard decisions:

> It is about coming to a decision to put the needs of the kids first; being in a stable home, not moving around, and moving away from environments that are unhelpful to that. (Aboriginal Community Worker 3)
Although all interview participants acknowledged that most, if not all, of the families that they worked with were socially and economically disadvantaged, they did not necessarily describe them as living ‘in poverty’ because poverty was typically defined as ‘having no money’, rather than not having ‘enough’ money. Furthermore, they stated the families who were accepted for service may have been living in poverty, but interview participants emphasised that the child protection system was not involved in their lives because of poverty, but because of parental omissions in care. Typically this involved parents not putting the needs of their children first. In part this seemed to be a result of sensitivity about the always implicit charge that child protection services are about punishing poor families, an issue discussed previously.

Although poverty as an issue was a feature of all of the interviews, participants emphasised they did not punish the poor for being poor; substantiating neglect only occurred when parents failed to care for their children. In some ways then, participants downplayed the importance of poverty in assessing individual cases of child neglect whilst at the same time identifying it as a key contextual feature of their work. The high level of disagreement (91 per cent) with the statement ‘Child neglect should not be substantiated when the family is living in poverty’ reflects the way in which participants believed that child neglect and poverty were not the ‘same thing’ and that child neglect substantiations did not equate with punishing poor families for being poor: substantiations were reserved for those who failed to care for their children. This is illustrated in Figure 6.4.
Nonetheless the issue of poverty complicated the assessment of neglect: where a parent was not meeting the needs of their child, though using their resources to the best of their ability, then participants were more likely to call the situation poverty, not neglect. Rather than an assessment of whether basic needs are, or are not being met, for how long and with what impact on the child, the majority of interview participants understood their first task to determine whether the parent was prioritising their own needs. If they are prioritising the child’s needs, no further assessment, or consideration of child neglect is required:

I think, one of the things I talk to workers about is looking at the resources parents have, and if a family is using their resources to the best of their ability to meet the needs of their children then that it not neglect, that is poverty. Where
a parent is not using their resources to meet the needs of their children then that is a dynamic of neglect. (Manager 1)

Where parents did not have enough money to buy food there was a strong belief that this resulted from a failure to prioritise children’s’ needs rather than resulting from poverty:

I think with the families that we work with it isn’t a matter of poverty, as in having no money. There may be poverty for the child but not the adult. So you may have an adult who receives an income but they use it on drugs, or on alcohol, so they use it in a way that is inappropriate, that doesn’t supply enough food or care for a child because they are meeting needs within themselves. If parents are using their resources in a way on themselves, then they are impoverishing their children. (Community Welfare Worker 3)

Despite this acknowledgement that most clients are economically disadvantaged, the majority of interview participants felt that, nonetheless, parents *ought* to be able to be able to meet the basic needs of children, particularly for food, on the income provided.

Participants who understood poverty as a lack of money struggled to understand, for example, how it was that so many children failed to grow adequately:

Poverty is you don’t have any money, but if people are getting the dole or the basic card or whatever, it is just an existence but it is enough to buy tucker. So if
you are poor you can still feed your kids, but if you are poor, you can’t, you 
know, buy them luxuries. (Advanced Practitioner 5)

Although poverty was understood by some study participants to be a lack of money, for 
others it meant a lack of skills:

I came from a family that was as poor as a church mouse and my parents didn’t 
eglect us. They had skills and I think that is what is lacking here, that skill base. 
Why, I don’t know. I have no answers for that, but you know when you look at 
the basics of parenting and the budgeting and meal preparation and 
understanding of nutrition. (Team Leader 5)

Half of all interview participants expressed the view that poverty was not necessarily 
causal in child neglect, and was not the same ‘thing’ as child neglect, though it might 
increase the likelihood that child neglect occurs. At the same time, others stated that 
perhaps it was both causal and the same. Whilst interview participants used terms like 
‘s’ystems abuse’ and acknowledged that the poorest people in the NT faced the highest 
cost of living, they struggled to express how they assessed the relative contribution of 
parental omissions in care and the disadvantage that results from living in impoverished 
communities:

I think there is a difference. I mean I know it is expensive to feed kids on 
communities, so on one level that is systemic abuse, and people are on minimal 
money, and the government should be subsidising transport costs of food.
Regardless, you have a community, and you have got x amount of families and they have all one way or another managed to feed their kids and if you are sitting amongst that and you have not managed to do it then that has got to be your responsibility and your ability and your willingness. (Advanced Practitioner 8)

Although participants expressed the importance of acknowledging the reality of poverty in the lives of many of the families referred for child neglect, they also argued that many of the families they worked with were not really poor in the sense of having no money. Sensitive to the charge that their work was about punishing poor families, they looked for ways to restrict involvement to families where the parents were not putting the needs of the children first, for example by drinking or gambling, and therefore where the label of child neglect was deserved.

At the same time as participants struggled to disentangle poverty from parental omissions in care, they also struggled with the reality that overwhelmingly their clients, in cases of child neglect, were Aboriginal. This also complicated their assessments, and as illustrated in the previous section describing the influence of personal values, participants struggled to disentangle what might be the impact of poverty from cultural choice. How did culture influence the way participants assess child neglect?
6.2.3 Cultural context

All interview participants were sceptical about the ability to develop a definition that would accurately reflect the various situations that they confronted in their practice, especially in relation to the social and cultural circumstances of the majority of their clients:

I don’t think you can just explain neglect, you can’t put things like that in a policy manual. I know you have to have it in a policy manual, but it depends on a life situation and a cultural context. (Community Welfare Worker 1)

The work involved ‘this great big cross-cultural issue’ for which they felt ill-prepared. The underlying assumption was that clients referred for child neglect would be Aboriginal:

I think working cross culturally makes practice more difficult, and not having, not knowing whether an Aboriginal mother understands what you are expecting of her. I think people get very disoriented when they come from another area to (place) because everything is just so different, and they are not quite sure how to handle this great big cross cultural issue, and the great big divide that they find when they are working with, I guess, quite cultural Aboriginal people. (Advanced Practitioner 2)

The majority of interview participants expressed concerns about imposing the values of the dominant culture in their assessments of child neglect. To do so, they believed, was
not to practice in a culturally appropriate way. At the same time there was a reluctant admission that, to varying degrees, this was inevitable. When asked whether they agreed or disagreed with the statement ‘Child neglect definitions reflect white middle class values’, 43 per cent of questionnaire participants disagreed or strongly disagreed with the statement, 33 per cent agreed or strongly agreed, and 24 per cent were undecided. This is illustrated in Figure 6.5. Given the expressed desire to avoid imposing the values of the dominant culture, it is difficult to know what definition of child neglect was being considered in this response. Was it the formal child neglect definition that almost half believed did not reflect white middle class values, or that which they used in their practice?

![Pie chart](image)

**Figure 6.5:** Level of agreement with the statement ‘Child neglect definitions reflect white middle class values’ (n=37).
Despite the expressed concern about requiring preparation for cross cultural practice, very few study participants had attended cultural awareness training; they picked up their knowledge ‘on the job’ or, if there were Aboriginal workers, consulted with them:

Cross culturally? I spent a lot of time with the Team Leader (non-Aboriginal) and she was always telling me stories and I had time to read through the manual which covered certain things. Like when you go around to an Aboriginal person’s house you don’t walk up to the door, you shout from the gate and things like that. (Community Welfare Worker 2)

![Pie chart showing level of agreement with the statement 'I struggle to assess child neglect in cultures that are different from my own' (n=37).]

**Figure 6.6** Level of agreement with the statement ‘I struggle to assess child neglect in cultures that are different than my own’ (n=37).
The difficulty experienced by a number of participants with work in this cross cultural settings is reflected in the responses to the statement ‘I struggle to assess child neglect in cultures that are different to my own’; although 49 per cent disagreed or strongly disagreed with this statement, just over half of participants either agreed, strongly agreed or were undecided. This is illustrated in Figure 6.6.

The continual struggle, particularly for non-Indigenous interview participants was how to work in a culturally sensitive way, when their understanding of Aboriginal culture was piecemeal. Frequently Aboriginal culture was assumed to be embodied in the behaviour of their clients: the very behaviours that had led them to being referred to the child protection service. Although the families who had been referred to the child protection service had been identified (typically by another health and community service professional) as not caring for their children appropriately, the ways these families parented and Aboriginal culture became mixed up, so that they were talked about as one and the same thing:

The one thing I see for staff is if they think they know about Aboriginal culture then they come here and because it is so different from other states and the standards are so different that they don’t cope. It is like’ how can people live like this?  I think that is the thing we struggle with cause you know, if you have done your education and you have done your training and you know there is a basic line of parenting for a child to be okay, and you see some of the parenting and you go is that really okay: is that child really going to be okay? (Team Leader 5)
When describing the cultural challenges workers inevitably talked about the physical living conditions as an expression of Aboriginal culture rather than, perhaps, of poverty. Given the sense of immobilisation that resulted when confronting the ‘bigger issues’ as discussed above, seeing the poor physical living conditions as an expression of cultural choice results in this aspect of a child’s care as immune from assessment, and emotional aspects of care were largely invisible:

He said when he lived in the UK he had seen houses with the same amount of people but the houses were clean, and it is not like this. For him it wasn’t an argument about having the number of people. And I was saying this is how the [Aboriginal] people live and this is accepted by them. I was saying this is just their way, they don’t worry too much about furniture it doesn’t really worry them. But just the general chaos I suppose if you want to call it that. How he would see it... (Aboriginal Community Worker 2)

I suppose I am not used to going out bush and seeing children. It looked like a tidal wave had gone through the houses. The bedding was absolutely filthy, everything in the house was filthy and dirty. In terms of basic needs being met, food and things like that well. Total lack of supervision of children. It is probably not neglect. You could say they are being fed, maybe going to school. ...actually probably putting my values on that as a white person is totally wrong anyway because that is not where their starting point is and they are never going to
achieve what is good enough for my children because I am not of their background or cultural understanding. (Advanced Practitioner 6)

Only one study participant identified a risk in seeing Aboriginal culture as the explanation for living conditions:

...a risk of assuming it is an Aboriginal cultural thing, it is very difficult to draw the line without asking. (Community Welfare Worker 1)

Another study participant suggested there might be other important cultures to consider, such as the subculture of poverty:

Well I think we are looking at poverty. I think we have exceptionally strong class lines in this country. I think I would say subculture, there is a subculture of families that experience neglect inter-generationally, and that sub-cultural belief means they don’t experience anything different. (Team Leader 2)

Even when suggesting it is important to look beyond the surface, there appeared to be an uncritical acceptance amongst all other participants that dirt and rubbish are expressions of culture. The majority of interview participants identified they did not have the tools to do look beyond the surface, leaving them only with the first impression which then translated into almost all there was to see ‘about culture’. To varying degrees, interview participants who were Aboriginal also shared this way of thinking. However, as illustrated by the following quote, in being able to acknowledge
that the living conditions are not a reflection of their Aboriginal culture, may potentially express a more nuanced view about varying Aboriginal cultures:

I would say look beyond that first impression and then you might see something different. You might see that this is a strong family who loves that kid and looks after that kid, they go out bush and they eat bush tucker. Everything that comes with culture in that area, that kid might be getting that. Yes, okay the house is filthy, and there is rubbish everywhere and they sit outside and cook dinner, but that is their culture. But if there are other factors, like sniffing or fighting then it is okay to say that because it is not safe for children. But for me, I would say no, because I grew up where my mother was always a clean lady, in a clean house, a proper house. There were always meals and no rubbish, dinner was always there and that is the way I expect to live and my kids to live because that is how I grew up. (Aboriginal Community Worker 4)

The issue of Aboriginal culture was also experienced as problematic because, especially for non-Indigenous study participants, there was confusion about how to know how ‘cultural’ Aboriginal families were, or perhaps, how ‘Aboriginal’ they should be assumed to be. As a result families were described by the majority of participants according to how acculturated they were, such as ‘the family have Aboriginality, but not traditional’ (Community Welfare Worker 3).
Unsure about what Aboriginal culture is, and in the absence of any criteria to assess culture, the degree to which families were understood to ‘have’ Aboriginal culture was typically based on location of residence, that is, whether an urban, or remote community, and sometimes with ‘town camp’ locations as a separate marker. Implicit in these geographical markers was the belief that residence away from a remote community resulted in more ‘western’ ways of living, although this was never fully articulated. Very few interview participants evidenced awareness that there might be a danger in categorising people this way, since it echoes back to ‘assimilationist talk’. This was evidenced by an initial hesitancy as they struggled to find the right way to talk about ‘culture’, how ‘cultural’ some Aboriginal people might be and how this should influence their definitions and/or assessments of child neglect:

There are Indigenous, but, um...well... how can I...um....well, I guess, how removed from culture are they? There are urbanised and traditional people. I guess the term traditional, I am not sure how you would measure that, but as with all families, all cultures, some are more traditional than others...How traditional or urbanised are they? How do they identify as their culture?

(Team Leader 2)

Being traditional predominantly was understood as either being a part of a group who had had relatively recent contact with non-Indigenous Australians, and/or living in a remote community. Although this was understood to be important, how this translated into the way child neglect was understood remained vague:
We are working with very traditional people who have had minimal influence from the dominant culture. I mean they are the facts. I mean up until the army in the 1950s or whenever the army was here in (place) there were, what, about one hundred whitefellas? There weren’t the communities we have now, people were scattered about. I have met men, particularly around (place) who walked out of the desert when they were twelve. (Advanced Practitioner 8)

To the extent it was translated into practical application, for the majority of participants, traditional families, living in remote and very remote communities were not seen to have the skills or the rules for living in modern society, and it was this that could bring them to the attention of various authorities. Such families required tutelage in the ways of modern living, but the pace of that, and who exactly should be responsible was uncertain:

If you took an Indigenous family from a remote community to inner Melbourne and you walked down the street and they are dropping papers everywhere and the police or someone stopped them and tells them to pick it up, what do you think the response is going to be? They are not going to know what this is about....I think you need to teach people, from an early age, saying ‘you pick up papers’ and ‘you have to clean’ and it is that educational stuff we should be doing. We shouldn’t be throwing them into the deep end and saying there is one standard. So do this or that. I think we have to be working towards that, but we shouldn’t jump straight to that, we can’t. (Team Leader 4)
The view of Aboriginal people as very recent and reluctant participants in the mainstream system was powerful. As stated previously families were described as traditional or not traditional, without it ever being elucidated about what this might mean, except that traditional was not quite what it meant before first contact (with non-Aboriginal people). This was because there was a clear view that it was no longer possible for Aboriginal people to live entirely ‘like traditional people’. The majority of participants were constantly troubled by the question: is it acceptable to demand traditional families conform to the demands of the dominant culture’s child protection system and their definitions of child neglect, or is it continuing the policy of assimilation? For example:

We are talking about two different cultural values and whether we want to, well, whether I am right or wrong, we have imposed this system on a group of people who haven’t necessarily wanted to participate. They don’t participate in it willingly. We are forcing people in a very short time to come up to our standards. I mean it is only since the 1970s, you know and we have only been here two hundred years. Look how long it took us. But this system is not going to change. We are not going to go back where we have a demarcated culture where Aboriginal people can truly live like traditional people and we can get on with our way and as long as the kids aren’t being neglected they can go hunting and gathering. It isn’t going to happen. And not everyone wants that. It is easier to go and buy your kangaroo tail than to go hunting your kangaroo. There
are aspects of our culture that people do want to be a part of....But yes we are agents of assimilation. (Advanced Practitioner 9)

As a result of this lack of skills for modern living, and strong connection to tradition, it was difficult for study participants to know what to expect of Aboriginal families; they remained the somewhat mysterious ‘other’:

What you would expect someone to do-so when you see Aboriginal women sweeping the house or yard, well sweeping is something people are happy to do, but I am not going to expect them to mop...I think we are all kind of hesitant because we don’t know what, well....a lot of us don’t know how [Aboriginal] people live day to day. We don’t know how they live, when they get up, when they go to bed, how they prepare meals. And it makes me think when we say you can’t leave them with that person, and you have to feed them. What does that mean? What does that translate to? I have no idea. (Manager 2)

For a minority, the perceived gap in understanding between interview participants and their Aboriginal clients extended beyond the physical tasks associated with parenting and home making. It impacted on how they might assess emotional wellbeing, and thus emotional neglect: whether, for example, concepts such as ‘happiness’ meant the same thing. They lacked confidence that there was shared understanding when they spoke of such concepts with their Aboriginal clients:

I asked ‘Do you think she is happy?’ and they said oh yes she is happy. Only one person said well actually she might not be happy. And again, that is a little bit hard for me to understand too, because I don’t know, their concept or
understanding of happiness might be different to us, you know? No one explains that to you. (Community Welfare Worker 6)

Others struggled with an initial idealised view of child rearing in Aboriginal communities, and anger when it was not reflected in the families with whom they worked. Study participants spoke about the extended family, or kinship, system in Aboriginal communities, and identified this as strength. The kinship system, in their minds, ought to have prevented child neglect. The discovery that child neglect occurred caused disappointment, and, at times scepticism about what they had been told about kinship systems, and Aboriginal culture, in general:

I thought, Indigenous communities, they have so much family. There must always be someone to look after them, so there must be someone out there who is willing to take care of these children, but there was not. There was someone, but she felt obliged to say yes, and then when somebody else said I could use some help with housekeeping and looking after the old man, could I have her? So then she goes there to do the cleaning up and the sweeping and the cooking and she is six. So I was a bit disappointed, well shocked! And I thought, hang on a minute I have just been given this Aboriginal cultural awareness training about all these family members and about how you can kick one and they all limp, but it is not true. Well, maybe it is true in some communities but not others. (Advanced Practitioner 6)
For the majority, how to assess child neglect within the extended family system was also problematic. The presence of many family members surrounding a child might mean there are many people looking out for the child, but there was uncertainty about how to determine this:

I think I am noticing in a few of my cases, there seems to be a theme of children that aren’t, that are, collectively parented but they are not parented particularly well collectively. So parents aren’t taking primary responsibility for the children, they are allowing the children to find their own way in the community, which, maybe in traditional times would have worked. There would have been well defined and established kinship structures and people who knew what their responsibilities were. But I think things have broken down so much we can’t have that confidence that things are working that way and I have a couple of children on my case load where that is a concern to me. They are basically, well I am not sure I could say they are being un-parented, but they are being very loosely parented, so they are drifting from one house to another. (Community Welfare Worker 6)

There are also echoes here of the loss of ‘pure’ traditional child rearing practices which operated well in traditional times, but which have broken down leading to a loss of confidence in these practices being strengths on which child protection workers can rely.

The need to be sensitive to cultural practices, particularly Aboriginal cultural practices, did not arise for participants only because this was considered ‘good’ practice, but also
because the work occurs within the shadow of the history of the Stolen Generations. How did this history influence assessments of child neglect?

6.2.4 The historical context

In their work with Aboriginal families referred for child neglect all interview participants were conscious of the history of the Stolen Generations, and the ways in which they were vulnerable to being seen as racist:

You wouldn’t be honest if you didn’t say the Stolen Generations is a massive influence in how child protection services work. And you get regularly accused of being racist. (Team Leader 1)

All were aware that others assessed the continuity of their practice with that of the “Welfare” and the forced removal of Aboriginal children. In addition they wondered if their practice was different from, or the same as, what had occurred in the past? For example:

Because it has been said to us with the same family again, with the neglect….you get that thrown in your face, it is said ‘you are doing this again this is stolen generation’ and you know...You are fearful you are going to get accused....it makes you more hesitant. Am I doing the same as what’s happened previously? (Community Welfare Worker 1)
The concern that current practice in cases of child neglect reflected continuity with the past left them feeling uncertain, tentative and afraid:

I think there is a worry amongst people “I am not sure how to tread” when it comes to intervening into Aboriginal families and also taking children into care. I still think there is a lot left over from the Stolen Generations. Workers worry about being racist. (Advanced Practitioner 1)

Yes we reflect on that a lot. There is a sense of fear. Of course it is always in the back of my mind, but it isn’t always in the forefront. (Aboriginal Community Worker 3)

About half study explicitly stated that their anxieties about re-creating another Stolen Generation meant that they accepted a higher level of risk for Aboriginal children, especially those living on town camps or in remote communities. As a result sometimes they looked for reasons not to get involved. Assessment of child neglect was political:

In some ways we [turn a blind eye]. Because we look at issues around the Stolen Generations. It can get very political. (Community Welfare Worker 3)

If the majority of workers in the office had their way, there would be no children in town camps. That is a consensus. But you know bottom line, do we have another Stolen Generation? They have that in their mind as well...it does mean
we look for reasons not to get involved, and accepting a higher level of risk.

(Team Leader 5)

Where interview participants felt confident with explicitly raising the issue of the Stolen Generations with the Aboriginal families they worked with, they expressed greater confidence in being able to focus on the referred concerns. It enabled the workers to reflect on and communicate how they believed what they were doing was different from practice that occurred during the time of the Stolen Generations. However, very few felt confident, or had thought to, undertake these conversations in their work. Those few who did do this had been taught how to by other more experienced workers:

..with regard to the Stolen generations and what has gone on I guess it is really important for us to have a good understanding because it still feels quite raw, and in assessments or meetings that I have I make it very clear that I understand what has gone one historically, but that Welfare is quite...it is quite a bit different to what happens currently. Just to give the idea that we are not here to take your babies, because there is a sense of fear...I learnt [how to do that] off a very competent worker...and I just saw the effectiveness of that. (Advanced Practitioner 2)

At the same time, the majority of participants stated that some new workers, particularly those recruited from overseas, were not always aware of the history. Even for those study participants who were aware of the previous history, they felt
inadequately prepared for working with Aboriginal people, or how to incorporate this knowledge into practice:

    I had an idea. I had done some back ground reading but it is never what you envisage when you meet people and you are face to face with it...I think I wasn’t prepared at all really. I think what would have been better, coming from overseas, if they had got us all together and we had some sort of seminar. We didn’t get any of that. (Team Leader 3)

6.2.5 Summary

Study participants described the ‘big challenge’ to survive as a child protection worker, particularly when assessing cases of child neglect, being the need to adjust personal and professional values in order to accept what they privately believed was a lower standard of care for Aboriginal children. This resulted in an ongoing tension between what they believed their personal and/or professional values indicated they should do, and what they thought it was possible to do. This served to manage the workload, and prevent the child protection service being overwhelmed by cases, but risked, in their own words, a normalising of unacceptable care; this latter issue constantly troubled most participants.
Contextual factors provided a lens through which the pattern, harm and basic needs were made sense of: the key contextual factors were poverty, culture and the legacy of the Stolen Generations.

Where participants assessed that parents were placing the needs of their children before their own, poverty became a more important explanatory factor. Disentangling the respective contribution of poverty or parental behaviour in referrals of child neglect was potentially a complex task. Key to apportioning responsibility to parents was the presence of behaviours which attended to parental needs or desires (such as gambling or drinking) which had a detrimental effect on the children. In this way poverty as an issue was reduced to individual parental choices and substantiation was confined largely to those parents deserving of involvement with the child protection system, and punishment.

Participants felt largely unprepared for the cross cultural context of practice in the Northern Territory. In addition they were concerned that assessing neglect risked the imposition of dominant cultural values on another culture. The previous discussion of worker values illustrated that study participants believed it was not appropriate to judge another culture; in the Northern Territory this anxiety about judging another culture was particularly potent around judging Aboriginal culture, given the number of Aboriginal clients and the ever present history of the Stolen Generations. Given the lack of understanding of Aboriginal culture, the fear of ‘am I doing the same as what
happened previously?’, and the frequent equation of poor care with Aboriginal culture, meant participants were on uncertain ground when assessing child neglect in Aboriginal families. The next section addresses how study participants describe the way they managed the tension between personal values, poverty, culture and the history of the Stolen Generations in order to assess child neglect.

6.3 Operationalising child neglect: the ‘community standard’.

The intake process and the investigation process is all about interpretation.

(Aboriginal Community Worker 3)

Chapter Five presented findings related to the way that participants defined child neglect. Three elements were considered critical to the practice definition: ‘harm’, ‘pattern’ and ‘basic needs not met’. A range of contextual and personal factors shape how these elements are made sense of in practice.

Participants described a service environment which officially proclaimed that it was possible to apply the rules in a ‘context free’ way, so that child neglect meant the same everywhere and consistency in the practical application of definitions was possible. However, they believed this was unachievable. Day to day their work involved trying to manage the workload in a way that did not explicitly challenge the official message of
universal definitions and consistency. In practice the assessment task involved applying the concept of child neglect in a way that was practical—what they could do about it:

.. what they see in front of them and the practical—what they can do about it [you can’t have a consistent threshold] unless you have parity of funding and facilities....I remember when I was doing my Masters, my university lecturer said to me, well it depends on where you live...the threshold criteria is met by the economy of the region. (Advanced Practitioner 6)

Participants stressed child neglect is different in practice. There were a number of reasons why this was considered necessary, and these influenced the way child neglect was made sense of in practice.

Firstly, families and the communities they lived in were impoverished, and the broader service system unable to meet identified needs. In this context the child protection service risked being swamped by demand; demand needed to be managed in order for survival.

Secondly, participants did not see their role as drawing families into the child protection net when their understanding was that many problems confronting were structurally determined. In these cases they expressed ambivalence at best about the value of a child protection response. The child protection service, in their view, should be reserved for parents who were not putting the needs of their children first and thus were deserving of a punitive response.
Thirdly, participants were mindful of the history of the Stolen Generations, and sensitive to the ways that assessing child neglect might be interpreted as judging another culture: such judgements risked raising the spectre of Australia’s previous policy of assimilation. Tied up with this was acknowledgement that others saw them as all powerful and exercising this power inappropriately.

Finally, participants struggled with the tension between their personal values, which they sought to disown, and what they named as professional judgement, which equated with what they believed could be done, but left them troubled by whether this was appropriate.

If assessments are all ‘acts of interpretation’, what was the framework identified by study participants to interpret what they see? What enabled participants to hold aside their ‘personal values’ and substitute the ‘professional judgement’ that they both own and disown? What enables participants to defend themselves against the judgements of others that they were all powerful, punitive, racist and following in the tradition of the Stolen Generations? What enabled participants to manage a workload they perceive as always threatening to overwhelm them, without explicitly naming this as rationing service?

Community standard? Yes, they are talking about Indigenous culture.

(Community Welfare Worker 4)
The community standard is central to understanding how all interview participants approached the operationalisation of child neglect. It is used to describe the way that child neglect varies according to context, and, although theoretically it could be used to include families within the child protection service, primarily it is used to exclude families and is almost exclusively used with Aboriginal families. The community standard also describes the ways that child protection workers learn to see what is relevant, and ignore what is not relevant, to the case at hand. It enabled participants to restrict child neglect referrals to those where risk is highest and where danger is present; to describe their practice in ways that attended to their need not to punish those who are not deserving of punishment; and, in their minds at least, limit the opportunities for others to suggest they are being racist in their assessments of Aboriginal families:

I guess you would need to look at the community standard, and what that would mean about child neglect. And there is a different standard of care, although that is not articulated, when we look at Aboriginal families in [place] or remote or kids living in white families in Darwin. Different standards and different ways of looking at child neglect. (Advanced Practitioner 3)

My understanding [of the] community standard? I would assume they were trying to say don’t try and put your Western views on top of an Indigenous culture because the way they do things is different to the way the Western world does things, so you would be impinging on them. (Community Welfare Worker 4)
The ‘community’ essential to the calibrating of the community standard can range from an extended family group living on an outstation, to an urban town camp or a whole remote community: this can result in highly localised understandings, or operationalisation, of child neglect:

And that definition may only apply to urbanised areas, while on community, or town community camps like [place], or [place, unofficial camping ground] or [semi-official camping ground] they may not apply. There may be a different standard. I think there is a cultural, a way of living that is the standard of the community that you are in, and as you know, we are obliged under legislation to work within the community standard... It is designed to provide a public face that 1) we are culturally appropriate and culturally sensitive and 2) we are not doing another Stolen Generation. (Team Leader 2)

Localised understandings of neglect also result in localised expectations of what it is possible to expect of families:

I mean we might go to an urban Aboriginal house and tell them they have to clean up the house and yard, whereas if they were on a community that would be clean enough. And a town camp is in the middle, or a town camp is lower than a [remote] community I guess. I mean people talk about communities, and say, for example, [place] is a really nice community. The yards are swept. And someone came to me yesterday and said ‘this house is really poor’ and that
means poor by the standard of what you would expect in an Aboriginal community. (Manager 3)

How do participants make sense of the community standard? The majority described a process of looking around when they visit a town camp or remote community and making an assessment based on what they see. Thus the community standard is an assessment of ‘surface’, that is the general presentation of the house and its inhabitants, and one which rarely appears to go beyond that to assess the nature of care relationships. Frequently, if the surface assessment reveals a standard that appears to be mirrored in the surrounding environment and in the absence of any immediate significant danger (such as a medical need) then the case is able to be moved out of the child protection system. The community standard then does not easily incorporate assessments of cumulative harm or the emotional aspects of neglect:

You look at a community and say well-some of the houses don’t have windows and doors so that seems to be a bit of a community standard, so the fact that this house doesn’t have windows is not going to impact on our assessment. Most of the houses have quite a number of people staying in them, or people sleep outside, that seems to be a community standard, babies aren’t in cots, that seems to be a community standard-so you build up a picture and it is different between one community and another. (Manager 2)
...what it means I suppose is that you look at the infrastructure and you look at the services that are available in the community and what that standard means for the community...if you see that child living in that type of environment in Melbourne or somewhere that would be a big no no. But here it is different because once again you are looking at a community and that lifestyle in that community and you are basing your assessment on that. (Aboriginal Community Worker 4)

One participant, who had developed relationships with Indigenous people on a number of remote communities over many years suggested a more nuanced approach, although one that is still somewhat elusive to define:

You find out [what the community standard is] from the Indigenous people themselves, people who are connected to that community or people who know a lot about that community, so that is how I found out...I think with physical and sexual abuse it is a lot easier to define, but in terms of neglect, it is a lot more on, well it can be harder to pin down what it actually means...it is complicated, it is complicated. I don’t really know how to talk about that. (Advanced Practitioner 7)

The majority of participants described a process of moving between the ‘community standard’ and assessments of harm, although what is harmful is itself influenced by the community standard:
If you are living in a community where everyone runs around in shorts no shirt and you have one meal a day, everyone else has one meal a day and whatever, then the harm, the child’s experience of the situation isn’t going to be the same as if you took those conditions-one meal a day, wearing shorts- and put them in an affluent suburb. (Manager 1)

However, where physical harm is present, particularly if supported by medical evidence, then the community standard *may* be less influential:

...if there was a dead carcass or whatever [in the house] you would say no that is not good. But if there was rubbish and people laying on the floor, you just go look, I can’t, because that is just a lifestyle or a culture. That is their way. But if it was to have an impact on that child’s medical stuff then, if it was directly linked to the home and the child has a health problem then you have to talk to the family about that. (Aboriginal Community Worker 4)

Despite participants’ concerns about the inequitable distribution of resources affecting Indigenous families, and drawing these impoverished families unfairly into the child protection service, the latter of which the community standard is designed to avoid, the community standard risks becoming less an acknowledgement of the inequitable distribution of resources, and more an acceptance of this. This results from the widely held view that how people live is the outcome of the voluntary choices people have made, and a reflection of their culture, which is not eligible for the assessment task:
And I was saying well this is how the people live and this is accepted by them, so, um...he thought oh my god! He said this is terrible. When someone delivered a big bag of buns or something the lady gave it to one of the adults and she put it on the ground and quickly the dogs came over and started ripping the bags, and the kids taking it out and eating the buns. You know for someone coming and seeing that it is quite shocking...but going with the community standards means looking at how other people live in the house... And I was saying well this is how the people live and this is accepted by them, so ... (Aboriginal Community Worker 2)

The way that all participants came to understand what is meant by the ‘community standard’ has become ‘informally’ institutionalised over time: workers become socialised by other workers about what it is possible to do. It enables workers to categorise potential clients in a way that makes processing referrals more efficient than they would otherwise be, primarily because it avoids the need for individualised assessments. However, the community standard subtly shifted the goal of the organisation towards looking for reasons why the child protection service should not get involved in cases of child neglect, particularly when the referral is about socially disadvantaged Aboriginal children.
6.3.1 Anxieties about the community standard.

Despite the widespread use of, and justification for, the community standard, a minority of participants expressed concern about this approach although they continued to use it. Concern was expressed that by applying the community standard in the way that they did, there was a risk of accepting a standard of care for some children that was simply too low, even if they felt powerless to address the situation. It also risked normalising what should be considered a poor standard of care. This undermined their sense of competence as caring professionals:

Yet what seems to be understood as good enough parenting in other places, I can’t work out if here there is an understanding that there is a line around good enough parenting but that often children are below that line, or whether the line here is lower. But it seems to me, here some things that would not be considered good enough parenting anywhere else seem to be accepted...So does that mean the good enough parenting line has been dropped, or does that mean that there is an acceptance that in [place] it is okay to be under that good enough parenting line?...It becomes relative and if you look around and every house is covered in dog shit and broken glass then by virtue of that the house you are looking at is okay and to me that is an odd way of thinking, really odd. It is like, two wrongs don’t make a right and if you have a whole community full of wrongs, how does that make it right? (Community Welfare Worker 6)
I don’t know. Maybe the community standard is not a helpful thing, because, um, you know, you are shifting the goal posts around, about what is abuse and neglect...I think with physical and sexual abuse it is a lot clearer. (Advanced Practitioner 7)

I think that also factors into people’s struggle with dealing with neglect because you are dealing with quite extremes all the time, things become normal after a while don’t they? (Advanced Practitioner 2)

Despite anxieties that the community standard potentially led to a lower standard of care being accepted for Aboriginal children within the child protection system, this was, in a sense, also understood as merely a reflection of the lower standard of care that was accepted outside the child protection system:

We need to start standing up and saying well actually that isn’t okay. Some of the things that go on here remind me of a third world country but actually Australia isn’t a third world country. (Team Leader 3)

This minority of participants continually reflected on whether what they were doing was really okay. They were concerned that at the end of the day, rather than protecting children, they may in fact, be protecting the Department of Children and Families, their employer. Many of these participants acknowledged that in their practices to manage the work they shifted the risk from the organisation to the frontline workers:
I think the community standard is designed to protect the Department. (Team Leader 2)

If something should go wrong, rather than their practice assessed on what they can do about a situation, workers believe their practice will be assessed against a policy and practice standard they believe they have no hope of complying with, and which they do not risk openly challenging.

6.4 Conclusion

In answering the primary research question this chapter has presented quantitative and qualitative findings in to examine the factors which influence assessments of child neglect by child protection practitioners in the Northern Territory.

The quantitative findings presented in this chapter described the factors which influenced how participants established the standard of care and decided whether a vignette represented a case of child neglect. Despite the emphasis on needing to see evidence of harm in defining child neglect, for those who agreed a vignette represented child neglect, significant risk of harm was an important influencing factor. However, for those who disagreed that a vignette represented child neglect the lack of evidence of harm was an influencing factor. This indicates different thresholds in operation for decision making. Where care was assessed as borderline, contextual factors such as
poverty and/or culture appeared more influential in decision making than for those who selected other standard of care assessments.

A more nuanced understanding of the factors influencing child neglect assessments was provided in the presentation of the qualitative data, generated from the in-depth interviews. This indicated that factors related to the worker, the case and the context interact in complex ways to influence assessments of child neglect.

The key contextual factors influencing assessments were poverty, culture and the history of the Stolen Generations. Although all participants described the importance of culturally appropriate practice, they did not feel adequately prepared for this. They were anxious not to impose the values of the dominant culture on Aboriginal people, although unsure about whether they were doing so, and sensitive to the charge they may be continuing the assimilationist practices of the past. Unclear about what Aboriginal culture might mean for parenting practices, concerned lest overwhelming demand might swamp the system, they sought a way to negotiate and survive this complexity.

The ‘community standard’ is the term participants used to describe the way that what should be considered child neglect varies according to context. The ‘community standard’ is used almost exclusively with Aboriginal families, and its primary aim is to exclude families from the child protection system. Whilst the use of the community
standard causes some lingering disquiet, over time the imperative to actively question its use diminishes as workers become more socialised into the realities of practice.

The next chapter discusses the findings presented in Chapters Five and Six.
Chapter Seven:

Discussion

Introduction

This study set out to understand how child protection practitioners in the Northern Territory operationalise child neglect. It did so firstly because child neglect is a major reason such concerns are referred to the child protection service in the Northern Territory. Child neglect cases comprise 28 per cent of all substantiated child maltreatment cases in Australia, and 50 per cent in the Northern Territory (AIHW 2011). Secondly, as outlined in the Literature Review, child neglect remains an ambiguous concept in both theory and practice and child protection practitioners find it difficult to know how to respond effectively to the complexity of child neglect cases. Thirdly, child neglect is given less prominence in the child protection research discourse and negligible attention has been given to Australian child protection practice with cases of child neglect.

This research was clearly located in a place. Whilst the Northern Territory is a small jurisdiction with regard to population, it is unique in Australia given one-third its population is Indigenous Australians. A large proportion of child neglect referrals in the Northern Territory concern Indigenous families and, as outlined in Chapter Two, such
families are among the most disadvantaged in the nation. As other research has demonstrated, child protection practitioners struggle in their work with poor families notified for child neglect, particularly families from marginalised cultural backgrounds (Turney and Tanner 2001; Buckley 2003; Horwath 2005). In Australia, the history of the Stolen Generations as documented in the *Bringing Them Home Report* (HREOC 1997) suggests that Indigenous parenting has become synonymous with neglectful parenting. Given the numbers of Indigenous children referred to the child protection service for child neglect, with little known about how child protection workers operationalise this concept in practice, this study is important both for the local child protection service and its Indigenous clients, but also for other child protection services, particularly where the work involves practice with Indigenous clients.

The study found that the way child neglect is operationalised in the Northern Territory is only marginally referenced to policy and procedural documents which guide practice; formal definitions of child neglect do not reflect the world of practice as encountered by child protection practitioners. Similar to workers elsewhere, child protection practitioners found cases of child neglect particularly challenging, and the work engendered feelings of hopelessness and ambivalence about the value of the work. Further, the findings indicate practice in this area is constantly troubled by anxiety related to job related taint and practice occurring in a hostile professional service network; fear of being of being swamped by demand; concern lest child protection
practitioners’ practice be judged as continuing the legacy of the Stolen Generations; and distress arising from the gulf between practitioner understandings of what personal values suggested an appropriate practice response should be and professional judgement dictated was possible.

Thus the highly charged political context of practice resulted in key threats to professional wellbeing. Firstly, the low status of child protection workers especially in their work with cases of child neglect threatened their sense of being a caring professional. Secondly, child neglect referrals threatened to overwhelm the child protection service. In addition the ideological position of cultural relativism was understood by participants as key to culturally sensitive practice, particularly with Indigenous people. In this setting, cultural relativism provided the ideological justification (Dingwall, Eekelaar and Murray 1985) to look for ways to avoid intervention, where possible, with cases of child neglect involving Indigenous people. This study supports the findings of Dingwall, Eekelaar and Murray (1985) that cultural relativism is an agency justification, and extends this work arguing that cultural relativism is not an end in itself for participants, but serves other goals. Primarily these are survival goals to defend against the threats outlined above; cultural relativism as an ideology provides justification for rationing of services whilst enabling workers to see themselves as culturally sensitive and not deserving of the label of ‘dirty worker’. The study found that practitioners developed their own practice wisdom to guide practice in cases of child neglect with Indigenous families. This was called by practitioners ‘the
community standard’ and enabled them to process child neglect cases more efficiently, and, in their view, with cultural sensitivity. However, this occurred at the expense of individualised assessment of the care of children referred for cases of child neglect.

The following sections of this chapter will discuss these findings in greater detail. The Chapter begins with a discussion of the study participants, and limitations of the study. Secondly, the discussion addresses the study findings in relation to the way in which child protection practitioners in the Northern Territory view their role in working with cases of child neglect. Thirdly, the chapter discusses the level of agreement among child protection practitioners in the Northern Territory about the sorts of situations that are assessed as constituting child neglect. Fourthly, the Chapter discusses the factors which influence assessments of child neglect by child protection practitioners in the Northern Territory, and presents these factors as responses to the dilemmas of practice as experienced by practitioners. Finally, the Chapter discusses the practice wisdom developed to enable child protection practitioners to operationalise child neglect in the Northern Territory.

7.1 Study participants compared to the national workforce

It was not possible to obtain demographic data on the statutory child protection workforce in the Northern Territory as it is not routinely collected. For this reason,
study participants are compared with available data from the demographic profile of the national child protection workforce and/or the Northern Territory child protection workforce collected in a national survey in 2010 (Martin and Healy 2010).

Making such comparisons with the national survey is not without limitations and must be understood with the following caveats. Firstly, the national survey captures the profile of a workforce that is defined broadly to include non-government employees, whereas the current study only includes study participants who are employed in the statutory child protection service. This is important since, for example, the statutory service has minimum educational qualifications as a pre-requisite for employment for most positions, whereas the broader non-government workforce may not. Secondly, the Northern Territory population differs markedly from the nation as a whole, as outlined in Chapter Two. Thirdly, this comparison compares only what is available to compare; it cannot therefore ultimately conclude whether those who participated in this study differ markedly from those who do not in ways that will affect the findings. For example, given the importance of practice wisdom (which is gained over time) on decision making, as identified in both the Literature Review and this study, years of experience working in the Northern Territory is a potential indicator of difference which might affect the findings: the national survey does not collect this data and nor does the Northern Territory employing Department of Children and Families.
Moreover, the proportion of male workers in the Northern Territory child protection workforce is higher than for the nation: the proportion of men is 36 per cent in the NT (Martin and Healy 2010). This figure more closely reflects the gender balance in the study as a whole, and the study participants for the questionnaire in particular, indicating that despite the modest response rate to the questionnaire, the study is reflective of the gender balance in the Northern Territory child protection workforce.

The Australian child protection workforce is estimated to have approximately 33 per cent per cent of members aged between 30-39 years (Martin and Healy 2010): in the current study 24 per cent of the participants were within this age group. In the current study 21 per cent of study participants were under 30 years of age compared with the national survey where 25 per cent are estimated to be under 30 years of age (Martin and Healy 2010). As illustrated in Figure 5.2, the study participants as a whole were somewhat older than the national workforce, with 55 per cent over 40 years of age compared with 42 per cent over 40 years of age in the national survey (Martin and Healy 2010).

Martin and Healy (2010) estimate that nationally nine per cent of the child protection workforce is Indigenous, compared with 12 per cent in this study. However, given the proportion of Aboriginal people in the NT is much greater than in the nation as a whole (see Chapter Two) it is important to compare the percentage of Indigenous study participants to locally collected data where possible. It was not possible to obtain data
which described the percentage of Aboriginal Community Workers, or the actual numbers employed for this or any job title, employed by the NT child protection service. Across the whole Northern Territory Department of Children and Families (incorporating a range of program areas and administrative functions, including child protection) 14 per cent of staff are Indigenous (DCF 2011). As described previously, 12 per cent of all study participants were Aboriginal, although this varied between data collection methods: 16 per cent in the in-depth interview and eight per cent in the postal questionnaire. The inability to compare those Aboriginal workers who participated in this study, with those who did not, and therefore whether any differences are likely to affect the study findings, leaves open the question of whether the study is representative in terms of Aboriginal workers.

Compared to the Australian child protection workforce (Martin and Healy 2010) the study participants had a greater proportion of people whose highest educational qualification was a postgraduate degree or undergraduate degree. This is likely explained by the requirement of at least an undergraduate degree for most positions within the NT child protection service; the exception to this education requirement is for Aboriginal Community Worker positions.

Study participants appear to differ from the broader national child protection workforce in years of experience working in child protection. Martin and Healy (2010) estimate that 26 per cent of the Australian child protection workforce has less than one year’s
experience working in their current job whilst noting that this varied widely from each jurisdiction. Overall 41 per cent of study participants, and 46 per cent of those who participated in the questionnaire, had less than one year’s experience working in the Northern Territory as illustrated in Figure 5.4.

Although there is no median length of stay data in relation to the national or NT child protection workforce, a recent allied health study in Victoria indicated that one-third of remote allied health professionals left within the first year (Humphreys, Chisholm and Russell 2010). The large proportion of study participants with less than one year’s experience (40 per cent overall) might be considered reflective of high staff turnover: the Growing Them Strong, Together Inquiry into the child protection system stated that high staff turnover was reflective of the child protection service, and the report indicated that staff turnover was as ‘high as 80 per cent in some offices’ and was conservatively over 30 per cent (Bamblett, Bath and Roseby 2010 p. 468). Such turnover rates also appear to suggest inexperienced staff, either to the practice area or to the context.

7.1.1 Limitations of the Study

The response rate to the postal questionnaire was 33 per cent. As outlined in the study’s research methods (see Chapter Four), one of the limitations to postal questionnaires can be the low response rate; sometimes this can be as low as 10 per
401 per cent (Buckingham and Saunders 2004) leading to questions about possible response bias. However, a recent Australian postal survey of the total population of medical practitioners received a response rate of 19.36 per cent and concluded only minor response bias since those who participated did not differ markedly from those who did not (Joyce et al. 2010). Such findings suggest that response rates may be a crude proxy for quality (Schoenman et al. 2003). Similarly, the postal questionnaire in this study was distributed to a total population. The study did not rely only on the postal questionnaire; the results obtained were used to supplement the qualitative data. Nonetheless, as explained above, given the lack of workforce data, it is ultimately not possible to answer whether there was response bias evident in this study.

7.2 The role: doing the ‘dirty work’

How did participants in this study view their work with cases of child neglect? Ambivalence, hopelessness and seeking reasons not to get involved characterised their response to work with cases of child neglect, as distinct from their work with other forms of maltreatment. This finding resonates with Horwath (2005) who commented that social workers are either overwhelmed by the enormous problems presented by families where neglect is the identified concern, or underwhelmed to the point of normalising neglect.
Previous research has demonstrated that child protection decision making is influenced by what the agency and its workers consider is their primary role: supporting families or policing them (Pitcairn et al. 1993; Gibbons, Conroy and Bell 1995; Bell 1999; Khoo, Hyvonen and Nygren 2003; Munro and Calder 2005). Where the imperative is the classification of risk or policing families neglect cases tend to get screened out (Brandon, Lewis and Thoburn 1996). Where the imperative is to address need, it is more likely there is a response to neglect cases (Khoo, Hyvonen and Nygren 2003). Similarly, the child protection workers in this study sought to reserve intervention in referred cases of child neglect to those where they believed a punitive response was warranted. This was in part because they understood the role of the child protection service as essentially policing families, but also because, in the face of overwhelming demand posed by cases of child neglect, singling out parents who deserved intervention because they had not put the needs of their children first was a way to manage the workload.

However, in addition to the policing/supporting dichotomy influencing both the way the role is viewed and subsequent decisions made, this study found threats to professional identity also influences the way decisions are made and sense is made of child neglect. Front line workers in health or community services want to see themselves as caring professionals (Rosenthal and Pecci 2006) and participants in this study were no different. Work with cases of child neglect threatened to challenge this desired self-image.
Reder and Gray (1993) and Scott (2005) suggest that the way professionals in the service network develop attitudes and beliefs about each other can lead to professional rivalries and inhibit the goal of effective collaboration. Blyth and Miller (1990) argue that the nature of child protection work itself works against effective interagency working because it is considered ‘dirty work’ (Ashforth and Kreiner 1999), a point also made by Butler (1996) and Buckley (2003). Despite this acknowledgement there has been little exploration of how being considered a ‘dirty worker’ impacts on child protection decision making or perception of role beyond Pithouse’s (1998) ethnographic study of child protection workers in England.

Pithouse (1998, p. 25) found that child protection workers believed they were used as a ‘dustbin’ for other agencies’ problems; this led to child protection workers questioning the competence of others, and to their minimising or dismissing the concerns expressed by other professionals about families with whom they worked. Similarly, this study has found issues related to stigma and professional identity impact on child protection practitioners, their decision making, and the way they approach cases of child neglect. Many of these workers live and work in small towns and the effect of a stigmatised professional identity may be more potent in this setting than in metropolitan settings where there is greater separation between the personal and professional self (Pugh 2007).
Research which has explored the impact of status on decision making in the broader community services field has identified that because workers operate in networks of power relationships, decisions are influenced by how workers understand others in the service system perceive them (Golden 2000; Maynard-Moody and Musheno 2003; May and Winter 2009; Keiser 2010). Practice may be influenced by the desire to gain credibility and improve relative status vis a vis those who possess higher status, for example criminal justice social workers hoping to impress judges and orienting their court reports to that end (Halliday et al. 2009). Alternatively, where practitioners experience marginalisation and hostility from the wider service system, they may endeavour to protect their self-image by a focus on questioning the legitimacy of other practitioners (Pithouse 1998; Ashforth and Kreiner 1999); they grow increasingly cautious in their dealing with other professionals with resultant professional relationships marked by hostility and defensiveness as marginalised workers endeavour to enhance their professional self-esteem (Ashforth and Kreiner 1999).

As previously demonstrated by Pithouse (1998), the participants in this study were well aware of their tainted professional identity. Although this taint may apply to all child protection work in the Northern Territory, it was with cases of child neglect that its stain was most potent. It is in these cases where personal or dominant cultural values threaten to play out in the assessment task, and historically it is cases of child neglect where accusations of the assimilative tendency of the child protection service have occurred (Stanley, Tominson and Pocock 2003).
Participants considered they were perceived by other professionals as the *enemy*; morally tainted by being practitioners working for an agency perceived to be the primary inheritor of the Stolen Generations; and, in cases of child neglect, potentially enacting, through the imposition of ‘white middle class values’ both culturally insensitive practice and reproducing previous policies of assimilation. Further, participants were conscious of the way that child protection work in general, and their work with Indigenous families in particular, had been framed and reported in the local and national media. They were sensitive to the way they and their practice was perceived by the broader community, and defensive about the possibility of ‘trial by media’. Defensive practice in response to media framing and reporting has previously been reported (Ayre 2001; Taylor, Beckett and McKeigue 2008).

Because they operated in a context where they perceived their work was considered ‘dirty work’, participants described a practice world where they felt isolated and defensive, distrustful of others and distrusted by them. Consequently, as suggested by the ‘dirty work’ literature (Ashforth and Kreiner 1999) and demonstrated by Pithouse (1998), strategies were developed to moderate the impact of their status in ways which influenced decision making and collaborative working. Similar to the practitioners in Pithouse’s study (1998, p. 24) these strategies were primarily designed to ‘bolster their occupational self-image’, rather than to improve their image to others.
Firstly, participants focussed on the incompetence of other health and community service workers and the way they ‘used’ the child protection service. Secondly, in focussing on incompetence, participants also questioned the legitimacy of child neglect referrals made by the broader health and community service sector to the child protection service. Scott (2005) found that interagency conflict is often generated and sustained by the telling of stories about the failure and incompetence of other agencies, and suggests that chronic child neglect cases often trigger this because of the feelings of impotence associated with practice in this area.

As a result of the questioning of the legitimacy of other professionals and the referrals they made, considerable effort was directed towards deciding whether a child neglect referral was more properly the responsibility of another agency. For example, there was a strong belief that children who had disabilities were more properly the responsibility of the disability service, even where issues of neglect had been raised. This type of child neglect referral was believed to be the result of failure on the part of these other agencies and therefore not a legitimate referral; referral source then influenced the way sense was made of child neglect.

However, in rejecting the appropriateness of referrals made by other professionals and narrowing the kinds of families with whom they are involved (that is, those who deserved to be involved with the child protection service), the gulf between the child
protection service and other professionals is widened. This risks reinforcing practitioners’ perceived marginalised professional status, resulting in agency practice not in synchrony with broader professional or community norms - a finding also demonstrated by Craft and Staudt (1999).

Being a ‘dirty worker’ has important consequences for multi-agency working which requires relationships of professional trust and respect to be effective (Newell & Swan 2000; Freeth & Reeves 2004). A number of studies (Blyth and Milner 1990; Reder, Duncan and Murray 1993; Horwath 2007) have highlighted that strained relationships between different agencies and professionals within child protection service networks inhibit effective interagency working. Horwath and Morrison (2007) suggest that exploration of this issue often fails to take account of the wider context of interest, group power structures and socio-political processes. This includes discourse about child protection practice, which transcends the local whilst being at the same time locally reproduced in the interactions between child protection workers and others in the service network.

Despite their attempts to ‘bolster their occupational self-image’ (Pithouse 1998, p. 24), the ability of the child protection practitioners in this study to do this successfully in relation to cases of child neglect was fraught. Their ability to manage stigma successfully was related to macro-level discourses about their work, as found in other
studies looking at ‘dirty work’ occupations (Tracey and Scott 2006). Moreover, participants in this study had, to a large extent, internalised the view that their work with cases of child neglect was ineffective at best and abusive at worst. They remained confused and uncertain about what was the ‘right’ response in these cases, fearful of creating another Stolen Generation and, at the same time, concerned that children were being left in undesirable care situations which they felt powerless to improve. This ambivalence about the value of child protection practice in cases of child neglect influenced the way it was operationalised.

The findings of this study suggest then that orientation to role may be more complex than previously suggested. As with the public health practitioners discussed by Kowal and Paridies (2005, p. 1355) who felt ‘compelled to act, but always in danger of inflicting further harm’, participants in this study were also socialised into favouring structural explanations of Indigenous ill-health and child neglect; this characterises culturally sensitive practice and acts to protect practitioners from accusations of racism and victim-blaming. However, child protection work requires them to respond to individual cases of referred child neglect and identify where parental agency, meaning the capacity of a person to act in the world, has contributed to the problems encountered for their children. The dilemma for child protection practitioners in this study was how to approach cases of child neglect in a way that does not entrench the dirty work designation, at least in their own minds, if not to others. This approach must enable them to defend their practice in cases of child neglect as not judgemental, not racist and
not involving the imposition of middle class ‘white’ values. The goal is to mediate the effects (within the child protection service at least) of professional stigma. Further, in restricting involvement to parents who deserve a punitive response they minimised the feelings of ambivalence and hopelessness generated by cases which are understood as largely structural in origin.

Reder and Duncan (2003) stress the importance of the psychological and interactional dimensions of interagency working, and this study has confirmed that developing trusting working relationships is fraught when one group of workers perceive themselves to be ‘dirty workers’, and subsequently develop strategies to manage this by undermining the legitimacy of others. Despite organisational and technological changes designed to facilitate better interagency working, such interventions have often failed to realise their goals. It may be that without attending to belief systems at the organisational, professional and community levels, particularly as they relate to stigma, such efforts will continue to achieve only partial success. Given that child neglect is a difficult area of practice for child protection workers, the ways in which professional stigma may impact both on decision making and perception of role, is an area which warrants further exploration.
7.3 Defining and assessing child neglect: do practitioners agree?

7.3.1 Defining child neglect

Whilst considerable research exists to explore inconsistency in decision making, and to identify the varied factors which influence decision making in child protection work, there is minimal research which explores in-depth how child protection workers define child neglect, or the degree to which formal definitions are used in practice.

This study found consensus among participants about the key criteria which defined child neglect, found also by Stone (1998) in relation to definitions of physical and emotional neglect. The key criteria were the need to see impact from harm, the need for a pattern, or for the situation to have continued for some time, and evidence of a child’s basic needs not being met.

However, whilst this study found consensus around the key criteria used to define child neglect, the study also found that the three essential criteria to define child neglect were not ‘weighted’ evenly when applied to cases of child neglect; thus the study extends our current knowledge about how child protection practitioners operationalise child neglect. For example, in the absence of physical harm, participants indicated it was unlikely that any consideration would be given to whether basic needs were being met, or a pattern of poor care of a child was present. Moreover, consideration of basic
needs was largely reserved for cases that were going to Court for the purposes of justifying child removal. Rossi, Schuerman and Budde (1999) found consensus around general principles used in decision making, but a wide variation in how these were weighted in making decisions since different threshold values were largely subjective. In this current study, in addition to consensus about the key criteria, but unlike the study by Rossi, Schuerman and Budde (1999) there was also consensus about the relative importance of each definitional criterion in child neglect decision making.

Further the study found that in the Northern Territory, there was agreement that cumulative harm was not considered a useful concept for child protection practice when such practice occurred in a context of widespread poverty. In addition although there was agreement among participants that child neglect had an emotional component, child neglect in practice was, as suggested by Scourfield (2001) and Glaser (2002), dominated by physical, rather than emotional, neglect and evidenced by physical harm.

Participants also agreed that making sense of the key concepts (of impact, pattern and basic needs) in practice depended on contextual factors. This led to a perception that formal definitions were largely unhelpful to the ‘real world’ of practice. Nonetheless, formal definitions were considered useful for educating others; in these settings the formal face of the organisation and its policies was on show. These findings echo Buckley’s (2000, p. 254) distinction between the ‘formal blueprint for practice’ and what actually goes on in practice. Whilst practitioners in this study acknowledged that they
did not use formal definitions of child neglect in their work, in continuing to use such definitions when they educate others they highlight the difference between the formal presentation of the work, and the private understandings that are publicly disowned - as identified by Gillingham and Humphreys (2010).

A number of writers have debated whether intent is critical to the definition of child neglect (Dubowitz et al. 1993; Golden, Samuels and Southall 2003). Participants in this study were reluctant to call a care situation child neglect if the parents lacked intent, especially if they were doing the best they could. However, intent was frequently inferred on the basis of parental behaviours which indicated that a parent was not putting the child’s needs before their own. This finding supports the considerable body of literature which highlights that parental behaviour is a key influencing factor in how child protection workers make decisions (Ayre 1998; Buckley 2000; Benbenishty and Chen 2003; Golden, Samuels and Southall 2003; McConnell, Llewellyn and Ferronato 2006).

7.3.2 Assessing child neglect

The problem of inconsistency in, and the subjective nature of, child protection decision making is highlighted in the literature, and more disagreement has been demonstrated around this than with the meanings of other forms of maltreatment (Birchall and Hallett 1995; Rossi, Schuerman and Budde 1999; Daniel 1999; Tanner and Turney 2003;
Horwath 2005). There is no standard about what is an acceptable level of disagreement, or inconsistency, between practitioners (Rawson 2002). The current study investigated the level of agreement among participants about the sorts of situations that might represent child neglect. Using a series of Vignettes describing care situations for children, the 37 respondents to the postal questionnaire were asked to rate the standard of care and to decide whether the situation did, or did not, represent child neglect (see Appendix 3).

This study found considerable agreement among participants that the situations did not represent adequate care, with only six per cent of participants in two Vignettes assessing the care as adequate. Secondly, the study found higher levels of agreement regarding the child neglect decision than the standard of care decision. In part, the latter finding was a function of the questionnaire design (see Chapter Four): the child neglect decision was a forced decision, whereas the standard of care offered the option of a mid-point (borderline standard of care).

Across the Vignettes a number of participants assessed the standard of care as ‘borderline’ ranging from 16 per cent (Vignette One) to 49 per cent (Vignette Five); this is congruent with the finding that over half of the participants disagreed that the boundary between poor quality parenting and child neglect was clear for them. Where participants assessed care as ‘borderline’ they were as likely to agree the Vignette
represented child neglect as they were to disagree, and as likely to assess basic needs were met as to assess they were not.

The finding in relation to basic needs raises questions about how child protection workers understand this concept. Whilst ‘basic needs not being met’ was considered key to the definition of neglect, it was lower in the definitional hierarchy than was harm or chronicity as discussed above. Moreover, the study found that participants struggled to articulate exactly what is meant by this concept beyond ‘lack of food, clothing and shelter’. Nonetheless, in the responses to the Vignettes, for those who agreed the situation was child neglect, it was that basic needs were not met which was critical to this decision. This suggests a higher threshold for defining neglect than was evident in the Vignette responses. The lower threshold in the Vignettes may reflect the observation by Minty and Pattinson (1994) that it may be easier to ‘see’ neglect when there is no responsibility to do anything about it: the response in the Vignettes was both forced and theoretical. The reflections in the interviews were based on real cases and how decisions were made, patterned on the information workers received from the organisation and the wider community (Scourfield 2000; Scourfield and Pithouse 2006). Finally, this may also reflect the contradictions revealed elsewhere (Buckley 2000; Gillingham and Humphreys 2010) between the formal accounts of practice and private talk.
The findings of this study reflect those of Schuerman, Rossi and Budde (1999) who suggest that cases occupying the middle ground result in the most disagreement among practitioners; that is, cases which are ‘borderline’ result in the most disagreement. The difficulty in assessing the difference between poor quality parenting and child neglect was reflected in the response to the statement ‘The boundary between poor quality parenting and child neglect is clear for me’ where less than half of questionnaire respondents agreed with this statement. This reflects previous research which shows that practitioners find child neglect a difficult practice area and struggle to identify what represents good enough care (Horwath and Bishop 2001; Horwath 2005). The present study found that contextual factors (culture and poverty), and the lack of evidence of harm, even where significant risk is identified, are key influences in uncertainty about how to assess the standard of care. In borderline care assessments the influence was unpredictable and as likely to be associated with agreement as disagreement that the vignette represented child neglect. This study adds to the findings of previous research by suggesting that contextual factors, and the need to see harm, contributes to the inconsistency noted by other studies (Schuerman, Rossi and Budde 1999; Daniel 1999; Tanner 2001; Horwath 2005) in cases of child neglect.

### 7.4 Factors influencing assessments of child neglect

Baumann, Kern and Fluke (1997) suggest that decisions are the result of a complex interplay between characteristics of the case, the worker and the organisational and
social context and the various obligations child protection practitioners are mindful of as they go about their work. Within these categories (of worker, case etc.), a range of individual factors has been identified as influencing decisions in child protection practice.

Decision making can be understood as the translation of policy into action. This process involves the weighing up of diverse factors and evaluating the ‘actual and perceived costs and benefits (outcomes) of the decision to the decision maker, the client and/or the agency’ (Baumann et al. 2011, p. 5). There is a general acknowledgement in the literature that decision making in child protection is affected by the ‘socio-political context’ (Platt 2006, p. 9). The present study found that the socio-political context both frames and constrains the way that practitioners make sense of child neglect; it influences all the characteristics of the decision making ecology (Baumann, Kern and Fluke 1997) and exerts influence even with those factors typically understood as subjective. For example, whilst subjective factors such as personal values inform how child protection workers approach referred cases child neglect, messages received from the broader socio-political context exerts pressure to both distance practice from personal values and to deny any potential influence of personal values. This study found that values-based decision making is perceived by child protection practitioners in the Northern Territory as potentially colonialist and racist in outcome even if that is not the intention.
Further, the study found the socio-political context generated perceived costs to professional and organisational survival, experienced as dilemmas of practice in cases of child neglect. This has the result of focussing practitioner activity in cases of child neglect toward survival. Similarly, Horwath (2005) found in her study of child protection practice in cases of child neglect that whilst subjective factors exerted influence, team practice wisdom directed practice; the importance of practice wisdom to child protection practice has been confirmed in a number of studies (Darlington, Osmond and Peile 2002; Osmo and Benbenishty 2004; Parada, Barnoff and Coleman 2007). The team practice wisdom identified by Horwath (2005) suggested ‘the implicit team goal may be survival: the price paid is to take an approach which ‘underwhelms’ rather than ‘overwhelms’ workers; that is, to focus on immediate safety issues rather than ongoing concerns’ (p. 108).

Practice in cases of child neglect is experienced as a series of dilemmas by child protection practitioners in the Northern Territory:

...the tensions and conflicts between different principles, aims and demands that are inevitably present and being dealt with in the mundane street level work in order to find the practices meaningful and accountable (Hjorne et al. 2010, p. 304).

This study found that the way that child neglect is operationalised in the Northern Territory is strongly influenced by practice wisdom; the specific form of practice wisdom
which has evolved arises from the way practitioners respond to the dilemmas of practice generated from within the socio-political context. Although these dilemmas may arise in all child protection practice and settings and as discussed earlier in relation to stigma associated with the role, in the Northern Territory practice in cases of child neglect carry a particular legacy. It is not surprising that, in part, dilemmas arise from the historical legacy of child protection practice. However, in addition, practice dilemmas arise from the nature of bureaucratic work which impels workers to seek to manage the workload without being seen to explicitly ration services. It is cases of child neglect, about which workers feel the most ambivalence, which is the key site of service rationing.

The following section explores the dilemmas of practice identified in this study. Firstly, it considers the conditions of work, and argues that the nature of bureaucratic work is a key influence on child neglect assessments. Secondly, the section considers how the prevailing ideology of cultural relativism serves to provide justification for not getting involved in child neglect cases. Thirdly, it explores the impact of this ideology on the way child protection practitioners experience a clash between ‘personal’ values and ‘professional’ values. Finally, this section discusses the practice wisdom that has evolved to resolve these practice dilemmas, which is known by practitioners as ‘the community standard’. This practice wisdom enables practitioners to interpret what they see; to defend themselves, largely to themselves, against the charge they are
judgemental or racist; to ration services so that they are not overwhelmed by demand. The community standard encourages workers to distance themselves from the influence of personal values. The implicit goal of the community standard then can be understood as practitioner survival (Horwath 2005).

7.4.1 The conditions of work

When formal statutes are ambiguous or contradictory, policy implementation requires discretionary decision making on the front line because the work involves ‘complex tasks for which the elaboration of rules, guidelines or instructions cannot circumscribe all the alternatives’ (Lipsky 1980, p. 15). Participants in this study described working with cases of child neglect in which formal definitions were vague and unhelpful and did not reflect the reality of the situations which confronted them; where the resources available were insufficient to meet need; where demand threatened to overwhelm the service; and, where clients were involuntary. In describing the ways participants drew on practice wisdom to develop workable definitions of child neglect, they revealed levels of discretion available to them to modify the nature of the work they did to enable them to manage it. This description reflects the nature of ‘street level work’ in bureaucracies (Lipsky 1980).
A focus on the range of individual factors which influence child protection decision making tends to overlook that child protection workers are employees of the State, working at the front line within bureaucracies. In their day to day actions they mediate between institutions and social policy and citizens; through their actions they translate social policy such that social policy around child maltreatment is the situated practice of child protection workers. However, as Lipsky (1980) and others have illustrated (see Chapter Three) the demands of the organisation are not always compatible with the desires of potential clients or the demands of the wider polity in which the organisation is located. Chapter Two, which outlined the context of research and practice, documented considerable contemporary media, community and government anxiety about the operation of the child protection service in the Northern Territory and whether the service was implementing policy as it was written.

Participants in this study stressed that understanding child neglect depends on contextual factors which include a range of factors including those relating to place, poverty, culture and history. Child neglect by its very nature is relative and related to a perspective. This taking account of context influences how key concepts of child neglect are understood. Harm for example, is not fixed: what might cause harm for a child unused to neglect may not be considered harmful to a child who has accommodated to neglect. This has considerable implications for other concepts like cumulative harm. This finding, that child neglect is understood with reference to context is not new (see for example Pithouse 1998; Coohey 2003; Horwath 2007). However, this study
suggests that the combination of the nature of bureaucratic work and the ambiguity of the concept of child neglect inevitably results in factors external to the case assuming such importance in the way child neglect is operationalised.

The reliance on context to inform how child neglect is understood creates a dilemma for practitioners: they know current definitions are not useful, and that to do their job they must use their discretion to construct workable definitions of child neglect, varied according to context, and they must deny that this is what they are doing. The impression that a universal formal definition is used by child protection workers is a message conveyed to others in part because the child protection service is a government service. Government services, according to participants, are supposed to provide uniform predictable service provision to citizens, the supply of which should itself be predictable and only influenced by clear eligibility criteria. This may explain the contradictory attitude expressed by participants in this study: both scepticism about the possibility or desirability of universal definitions and a belief that this is a goal which should be worked towards.

Surrounding child protection practitioners as they respond to notifications of child neglect is the wider community: community debates, media reports, Coronial and child protection system inquiries. The messages received from the wider community reveals a contradiction. On the one hand the child protection service is accused of not taking its statutory responsibility seriously, adopting lower standards for Indigenous children
(being culturally relativist), and normalising child neglect. The message here is that one standard should apply, and the assumption is that there was a clear precise definition that *could* be applied. One the other hand there is a view that the Northern Territory is different, and that standards have to be different. This is particularly in relation to disadvantaged Indigenous families, where, according to the authors of the NT Government Child Protection Inquiry Report (Bamblett, Bath and Roseby 2010), the child protection system would be overwhelmed if ‘relative’ definitions of child neglect were not used in practice. As identified in other studies of front line workers (Smith and Donovan 2003; Wastell et al. 2010) in their practice with cases of child neglect, participants endeavoured to attend to these conflicting demands and create internal models of what is appropriate practice (Smith and Donovan 2003). They used different definitions depending on purpose (Aber and Zigler 1981): formal definitions were used to educate the ‘outside’ world, whilst internally practice wisdom definitions were developed to enable practitioners to do their job and protect themselves from being overwhelmed. The use of formal definitions to educate others implied that practitioners lacked discretion in operationalising child neglect; the development of practice wisdom to enable practice with cases of child neglect depended on this very discretion.

This fear of being overwhelmed was not without foundation. As highlighted in Chapter Two, the number of notifications to the child protection service has increased from 1,605 in 2001-2 to 6,585 in 2009-10, and 40 per cent of all notifications concern cases of
suspected child neglect (Bamblett, Bath and Roseby 2010). In addition the children of the Northern Territory, particularly Indigenous children, are vulnerable on a range of indicators, and do less well than other Australian children on health, education, economic and social outcomes (AIHW 2011, p.vi). This vulnerability places them at greater risk of neglect.

One of the ways to manage the risk of swamping the service with referrals is to ration services. However, in child protection work, services cannot be explicitly rationed since it would be both politically unpopular to be seen to ration the goal of protecting children and it would also challenge the way that child protection workers viewed themselves. However, services can be *practically* rationed though the use of thresholds for entry to the service where the justification is the child does not need protecting because of the way that the role of the child protection agency is understood by practitioners, and the way that child neglect is defined. With regard to the latter, this involved constructing neglect in ways that enabled workers, in the words of one participant, ‘not to get involved’. That most child neglect cases referred to the child protection services are screened out (either because they are not accepted in the first place, or not substantiated after investigation) is supported by the analysis conducted for the 2010 Inquiry into the Northern Territory Child Protection System (Bamblett, Bath and Roseby 2010). This demonstrated that 75 per cent of neglect notifications are either not accepted, or not substantiated, and that this is associated with a trend to increasing re-notification of primarily neglect cases (Bamblett, Bath and Roseby 2010, p.
Similarly, Buckley (2000b) found that 76 per cent of neglect cases were filtered out from entry to service provision in her study in Ireland.

The conditions of work create the imperative to ration service provision, particularly with cases of child neglect. How do workers justify this implicit rationing? How do they maintain a sense of themselves as caring and competent professionals? The next section explores the influence of cultural relativism which provides the justification for the chosen approach of child protection practitioners in the Northern Territory.

7.4.2 Influencing ideology: cultural relativism

This study set out to explore the way the concept of child neglect was operationalised in child protection practice in the Northern Territory. However, in exploring child neglect with the study participants, the construct of child neglect was attached by them to *Indigenous* families. That is, for participants in this study, the exploration of how child neglect is operationalised in the Northern Territory is dominated by the way child neglect is operationalised with disadvantaged *Indigenous* families. The influence of cultural relativism, as discussed by Dingwall, Eekelaar and Murray (1985) in this study was significant, and served to provide an ideological justification for why the child protection service should not be involved in cases of child neglect with Indigenous families.
Dingwall, Eekelaar and Murray (1985) described the important influence of cultural relativism in excluding the majority of referred cases of child concerns by providing justification or excuse and allowing front line workers to prefer an optimistic reading of client behaviour. This was called an agency justification, and defined justifications as concessions that the behaviour may, for example, be described as child neglect, but in particular circumstances may be permitted. In the case of cultural relativism, what permits the behaviour is the belief that one culture has no right to judge another culture because ‘all cultures are equally valid ways of formulating relationships between human beings and between human beings and the material world’ (Dingwall, Eekelaar and Murray 1985, p. 82). This is essentially a moral position which Dingwall, Eekelaar and Murray (1985) suggests arises from a key value of social work which is not to impose any particular set of values on clients.

However, participants in this study are not solely motivated from a moral position to not impose the values of the dominant culture onto another culture. In their descriptions of shock and the way their personal values were challenged, they did not articulate a belief that what they were witnessing was ‘equally valid’, merely that they knew they should avoid, where possible, judging as invalid the care of Indigenous children. Moreover, the goal of team survival (Horwath 2005) was ever present, and the ideological framework of cultural relativism served both to minimise the ‘dirty work’ label, and to ration services, thus preventing the service being swamped. This study extends the work of Dingwall, Eekelaar and Murray (1985) by suggesting that cultural relativism’s influence
arises not only because of its compatibility with social work values, but because it assists in the goal of rationing and thus team survival.

To avoid judging the cultural practices of another group as inferior, because they do not mirror those of the dominant culture, practitioners need to be knowledgeable about what constitutes that ‘other culture’. A number of writers have demonstrated that knowledge of cultures other than their own is not well developed among child protection workers, leading to confusion about how to differentiate neglect from culturally normative practices (Cemlyn 2000; Chand 2000; Chibnall et al. 2003), a finding which is supported by this study. As a result, much research suggests practitioners rely on cultural stereotypes to inform assessments and decision making, leading to a higher level of risk being accepted for children from minority families, or unnecessarily coercive interventions (Chand 2000; Cemlyn 2000; Bernard and Gupta 2008; Webb, Maddock and Bongilli 2002). This study found that participants were ill-prepared for the cultural context of practice; whilst they sought to avoid judging Indigenous culture, they had little understanding of Indigenous culture. Few had attended any cross-cultural awareness training; they learnt about ‘Indigenous culture’ from other, predominantly non-Indigenous, workers. As a result their understanding of Indigenous cultures (or that there may be cultural variation between different Indigenous groups) was superficial. In the words of one participant culturally sensitive practice meant knowing things ‘like when you go around to an Aboriginal person’s house you don’t walk up to the door, you shout from the gate and things like that’. Indigenous people remained the somewhat
mysterious ‘other’. Participants lacked an understanding of how Indigenous people lived out their days. The emotional repertoire available to Indigenous people, what was important to them, or whether ‘they’ understood emotions in the same way as non-Indigenous people meant that practitioners struggled with assessing the emotional aspects of care; as one participant said ‘I don’t know if their concept or understanding of happiness might be different to us, you know?’.

Cemlyn (2000) in writing about child protection interventions with Traveller children notes the impact of the highly politicised relationship between Traveller people and the State. Past systematic child removals designed to assimilate Traveller peoples into the dominant (UK) culture influences child protection practice with this group. So too the relationship between child protection services and Indigenous peoples in the Northern Territory is a politicised one. Mindful of this history, and desirous not to practice in ways that reflected assimilationist practices, but lacking knowledge of the various Indigenous cultures which prevailed, participants sought a way through their confusion. This led to questions about how ‘Indigenous’ (in the sense of practising culture) a family might be. Answering this question was typically based on location of residence, that is, whether an urban, or remote community, and sometimes with ‘town camp’ locations as a separate marker. Implicit in these geographical markers was the belief that residence away from a remote community resulted in more ‘western’ ways of living, although this was never fully articulated. To the extent this was translated in practical application, traditional families, living in remote and very remote communities were not seen to
have the skills or the rules for living in modern society, and it was this that could bring them to the attention of various authorities. In terms of practice this translated into child neglect being operationalised differently depending on where the family lived, that is, according to a community standard. The concept of ‘community standard’ will be explored further in the next section.

7.4.3 The impact on practitioners: a clash between personal and ‘professional’ judgement

Research has identified the ways in which personal values influence decision making in child protection work, and as Horwath (2007) argues the assessment of child neglect is both a technical-rational activity and a practice-moral activity. Despite the acknowledgement in the literature on the influence of personal values, this influence is often minimised or ignored by practitioners (Horwath 2007). The earlier discussion of ‘dirty work’ illustrated that one of the ways participants in this study questioned the legitimacy of other health professionals was to discount referrals made by them because they were based on value judgements. Values based decision making was understood to be flawed because it was viewed as potentially racist or judgemental and this thinking was informed by the ideology of cultural relativism, and the particular sensitivity involved in working with Indigenous families. There was a kind of doublethink in relation to the role of values evident in this study. On the one hand the influence of values on the operationalisation of child neglect was minimised by
participants in this study; on the other hand there was some acknowledgement that assessing neglect involved a ‘subjective’ element whilst the intrusion of personal values into their ‘objective’ decision making left participants anxious and troubled. Further, restricting the eligibility for child protection intervention to those parents who were deserving of this (because of drinking alcohol excessively for example) was immune from this anxiety and not understood as values based.

Scourfield and Pithouse (2006) argue what is key in assessments of child neglect is the way that professional and lay knowledge (including values) combine with organisational culture, but that sometimes they remain in conflict. This conflict reveals the tension Horwath (2007) suggests between child protection practice as a practice-moral activity and a technical-rational one. The study findings demonstrate that participants experience personal values as indicating a course of action that professional judgement suggested was unacceptable since it threatened to increase the numbers of Indigenous children involved in the child protection system. In this way, allowing personal values to influence assessments of child neglect was perceived as unprofessional. This study found considerable effort invested in containing personal values in relation to responding to the care situation of Indigenous children. Personal values were inevitably framed as bias, or evidence of being judgemental, both of which required containment since they were potentially racist in their consequences. The strength of the personal response served to indicate the degree to which containment was necessary. Thus, when the response to the care of a child was strongly negative, it was assumed to be
influenced by ‘personal values’ rather than professional judgement, and therefore to be ignored or overcome. There was little acknowledgement that the response might be both a personal and a professional judgement.

The struggle to distance themselves from value laden assessments left participants in a bind, constantly troubled by whether they were in fact doing the ‘right thing’; concerned lest their goal of objectivity undermined their sense of being caring professionals and risked further entrenching their ‘dirty work’ status whilst at the same time desirous of being able to manage the work. The recent Inquiry into child protection practice in the Northern Territory (Bamblett, Bath and Roseby 2010, p. 490), highlighted that ‘at a deeply personal level people working in the Northern Territory ... have to manage a significant cognitive dissonance’ for which they were not prepared. The impact on practice of this struggle between perceived professional values and personal values around what children need; the constant compartmentalising of the private self and the organisational self in order, to hold in balance competing and contradictory impulses, is not well explored in the child protection literature and warrants further investigation.

7.5 The community standard as practice wisdom

In 2009-10 despite almost half of all substantiated cases of child maltreatment in the Northern Territory were based on child neglect, just under 25 per cent of all cases
notified for child neglect to the child protection agency in the Northern Territory resulted in a substantiated case of child neglect (Bamblett, Bath and Roseby 2010). This may result from inappropriate notifications; however, the findings of this study indicate that child protection workers are reluctant interveners in cases of child neglect. The filtering out of neglect cases is not unique to the Northern Territory. Buckley (2000, p. 255) found 76 per cent of ‘neglect’ referrals were filtered out of the system in her study and concluded that this decision had ‘less to do with the nature of the reported concern or incident than it had to do with the context in which the concern was identified’.

Dingwall, Eekelaar and Murray (1985, p. 84) discuss the ways front line workers’ develop ‘knowledge of their patches as territories of normal appearances’ incorporating the notion of ‘normal for this local culture’ where local culture is based on geographic, or kinship membership. Dingwall, Eekelaar and Murray (1983, p. 89) assert that cultural relativism has no limit to its theorizing and is ‘indefinitely extendable, so that any small group or articulate individual can find their own theories being elevated into valid cultural statements’. This study found that the schema used by child protection workers to operationalise child neglect with Indigenous families, and to bridge the gap between ‘their own ideals and the realities of practice’ (Dingwall, Eekelaar and Murray 1985, p. 90) was what they called ‘the community standard’. Thus the ‘community standard’ can be seen as the institutionalised application of the ideology of cultural relativism.
However, the community standard is more than the practical translation of the ideology of cultural relativism. It is also informed by public health discourses in a post-colonialist space as identified by Kowal and Paradies (2005) which favour structural explanations for indigenous ill health over those that stress agency, since to favour the former risks blaming the victim. Most importantly for participants, the community standard is a way to quickly and intuitively (Munro 1999) categorise cases in a way that the workload can be, to some degree, managed. That is it serves to ration services.

The use of practice wisdom in social work practice has been well documented (Jones 1993; Drury-Hudson 1999; Darlington, Osmond and Peile 2002; Osmo and Benbinishty 2004; Osmond and O’Connor 2006; Chu and Tsui 2008). Despite the use of structured decision making tools, research has demonstrated that practice wisdom remains an important part of decision making (Parada, Barnoff and Coleman 2007; Gillingham and Humphreys 2010). Practice wisdom is typically tied to a local context (Pollio 2006) and is tacit and not easily articulated. The ‘community standard’ is the specific form of practice wisdom that assists child protection practitioners operationalise child neglect in the Northern Territory. As new workers face the shock of coping with the poor standards of living for many Indigenous children in the Northern Territory, the ‘community standard’ is offered by more experienced workers as the way to see what is relevant and ignore what is not. Linked to cultural relativism it enables practice to be described as culturally sensitive. It enables more efficient processing of cases,
substituting a broad based, superficial assessment of what appears to be the standard of care in a community for the individualised assessment of cases of child neglect.

The ‘community standard’ informs the way key concepts in the definition of child neglect are understood; for example harm is present if what the child is experiencing is not what this superficial assessment indicates is the case for other children. The community standard is an assessment of ‘surface’, that is the general presentation of the house and its inhabitants, and one which rarely appears to go beyond that to assess the nature of care relationships. Frequently, if the surface assessment reveals a standard that appears to be mirrored in the surrounding environment, and in the absence of any immediate significant danger such as a medical need, then the case is able to be moved out of the child protection system. The community standard then does not easily incorporate assessments of cumulative harm or the emotional aspects of neglect.

The ‘community standard’ contains a paradox; in seeing many cases of referred child neglect involving Indigenous families as representing ‘Indigenous culture’, the community standard transforms what is (the way a child may be receiving care) into what is supposed to be (an expression of Indigenous child rearing culture). In doing so, what may be harmful care is rendered immune from assessment even though, privately, participants felt intervention was frequently warranted. Although this enables child
protection workers to avoid confronting the complexity of assessing poor Indigenous families and perhaps to find them wanting, it risks (again) equating Indigenous parenting with neglectful parenting (HREOC 1997). The community standard subtly shifts the goal of the organisation towards looking for reasons why the child protection service should not get involved in cases of child neglect particularly when the referral is about socially disadvantaged Aboriginal children. This also risks leaving vulnerable children in vulnerable situations.

7.6 Conclusion

Evans and Harris (2004, p. 447) suggest understanding the work of front line workers, like child protection practitioners, requires an examination of ‘the contexts, circumstances and statuses of practitioners and how these factors shape the specific forms of street level practice that operate in particular organisational settings’. Whilst this study has demonstrated similarities with previous research on practice in cases of child neglect, and child protection practice more generally, the particular significance of the study arises from three key findings.

Firstly, the study has identified that multiple goals exist in the way child neglect is operationalised. Only some of these relate to the protection of children; defending against the ‘dirty work’ label is a key influence. Although previous research has also
suggested that hostile relationships in the service network inhibit successful interagency working, there has been little research in the field of child protection practice which explores the impact of professional stigma on practice. This study extends the work by Pithouse (1998), which explored how child protection workers perceived their occupational arena, by identifying the ways that professional stigma impacts on how workers perceive their role with cases of child neglect.

Secondly, the study has identified the importance of the broader socio-political context on decision making in child protection work; this includes both contemporary debates and ideology and also historical relationships between organisations and marginalised client groups. In particular this study has shed light on child protection practice in cases of child neglect with Indigenous families; this reflects the research context where, as outlined in Chapter Two, Indigenous families constitute the most marginalised group in the Northern Territory. This study has illustrated the way in which contemporary debates about the causes of poor outcomes for Indigenous children which stress the structural and historical factors provide little guidance for child protection workers endeavouring to respond on a case by case basis.

Thirdly, the study has described the practice wisdom which has developed in a specific place in response to the dilemmas inherent in practice with cases of child neglect. In part the development and use of the ‘community standard’ is an attempt to respond to
the issue of overwhelming disadvantage in a way that is not perceived by the workers themselves as assimilationist. However, it is also a way to ration services in the face of overwhelming demand, a situation which is likely to occur in other locations where child protection services are provided to, and child neglect referrals are made about, poor and marginalised communities.

Although this study has focussed on the discretion available to child protection workers in the Northern Territory, and the way they use this discretion to operationalise child neglect, this does not imply they do whatever they want; rather they do what they believe they can. Their adaptations to the difficulties in responding to referrals of child neglect involving Indigenous families reflect the culture in which the service is embedded and the unresolved tensions in the relationship between the wider Australian Community and Indigenous peoples.

Whilst this exploratory study has focussed on practice with cases of child neglect in one jurisdiction in Australia, the findings of this study have relevance beyond the borders of the Northern Territory. The study has highlighted that issues of professional stigma surround practice with cases of child neglect, tied up as it is with poverty, disadvantage and marginalisation and consequent concerns about blaming the victim. Whilst in the Northern Territory practice with cases of child neglect is largely concerned with Indigenous families, research elsewhere has shown this arena of child protection
practice is associated with other marginalised and impoverished groups. Similar issues of professional stigma may be apparent, influencing the way child neglect is operationalised, whilst also inhibiting successful interagency working.

Further, the study focusses attention on the socio-political context, and the way this both frames and constrains how sense is made of child neglect. Whilst the particular characteristics of the Northern Territory may result in a unique ‘practice wisdom’ being developed to cope with dilemmas of practice in cases of child neglect, the dilemmas experienced arise from the nature of bureaucratic street level work, a situation shared by child protection agencies elsewhere. This study suggests that the combination of bureaucracy and the ambiguity of the concept of neglect inevitably results in factors external to the case assuming importance. Understanding the way this plays out in different jurisdictions is an important first step to understanding practitioner decisions and improving practice outcomes.

Finally, this study extends our understanding of the continuing importance and influence of cultural relativism as an ideology in child protection practice. Whilst cultural relativism may resonate with social work values, its influence in this study arises because it assists in the goal of rationing service provision in cases of child neglect. Thus it assists with the important goal of team survival. Further, it does so in a way that
enables practitioners to think well of themselves, and defend against the ‘dirty work’ label.
Chapter Eight:

Conclusion

This study set out to explore with child protection workers in the Northern Territory how they operationalise child neglect in their day-to-day practice. Child neglect is a significant issue not only for child protection services in the Northern Territory but also for other parts of Australia. In involving practitioners from across a whole jurisdiction, this study has provided a unique perspective on child protection practice in the Northern Territory. It is the first known Australian study to do this. Whilst the Northern Territory is a small jurisdiction, with some particular geographic and demographic features, how practitioners explain their practice in cases of child neglect has relevance beyond its borders. The study findings have particular relevance for child protection practice which occurs in a post-colonial context, characterised by the marginalisation and disadvantage of its First Peoples, as well as for cross cultural practice in general.

8.1 The study aims achieved

Central to the aims of this study was to understand, from the perspective of child protection workers, how they understood and applied the concept of child neglect in practice. The social construction epistemology and resultant study design ensured that
this *emic* perspective remained the focus of data collection and the presentation of findings. This enabled the ‘...making visible the elements of child protection work that do not necessarily fit into the “official discourse”...’ (Buckley 2000, p. 13). Such visibility is necessary to illustrate the complex and at time contradictory impulses at work in the operationalisation of child neglect.

The study found that whilst a range of factors in the decision making ecology influence the operationalisation of child neglect, the *context* of practice exerts considerable influence on the practice wisdom which has developed to approach cases of child neglect involving Indigenous families.

As with other research into cross-cultural child protection practice this study has highlighted the difficulties practitioners have in assessing child neglect in cultures other than their own. Such difficulties are exacerbated when child protection workers have little knowledge about the culture of the ‘other’, and participants in this study felt ill prepared for practice with Indigenous people. The study suggests practice is particularly fraught when assessing child neglect in Indigenous families. This is considered a consequence of the long association of neglect with Indigenous parenting, and the potential for accusations of assimilationist intent in assessing Indigenous parenting in the politically and emotionally charged historical context of the Stolen Generations. These cross cultural issues overlay and compound the fact that child protection work in general, including cases of child neglect, is regarded both by practitioners themselves
and others that they work with as ‘dirty work’. Practitioner approaches to cases of child neglect is understood as partly an act of resistance to the ‘dirty work’ label. The study findings point to the importance of issues of professional status on decision making, a finding not well explored in the child protection literature.

Importantly, this study has identified and described the practice wisdom developed in the Northern Territory to enable practitioners to operationalise child neglect with Indigenous families. This is termed the ‘community standard’ and is the schema that organises child protection practitioner thinking about child neglect. It provides the lens through which key defining concepts of child neglect are made sense of in the ‘real’ world, and fills the vacuum created by formal definitions which practitioners say that they find unhelpful.

So as to avoid their practice being regarded as racist, practitioners invoke an ideology I have termed cultural relativism, to justify the use of the ‘community standard’. In addition, the ‘community standard’ conveniently serves as a mechanism to ration services and protect the child protection service from being overwhelmed by child neglect referrals. That is, it assists child protection workers survive within this arena of practice. The study suggests that the specific form of practice wisdom that has developed is embedded in the wider culture in which the child protection service is located. The study supports previous findings about the influence of cultural relativism
on decision-making, and extends understanding of the function that cultural relativism plays in child protection practice.

8.2 Implications of the study and suggestions for further research

The Literature Review illustrated that much research begins from an assumption that there is a problem with child protection decision-making, including the ‘problem’ of discretionary decision-making by practitioners. Ayre (2001) asserts that to counter discretionary behaviour by practitioners, child protection services typically attempt to achieve better decision making through the use of more rules and increasingly detailed procedures, a process he describes as ‘procedural proliferation’ (p. 893). This study has been an exploration of child protection practitioner discretion, and there is a danger that the response may be limited to further ‘procedural proliferation’. The following section addresses the implications of the study for social work education, preparation for child protection practice, service design, interagency working and support for workers. It concludes by suggesting the importance of further research into the way the dilemmas of bureaucratic practice combine to develop localised practice wisdom.

8.2.1 Social work education and poverty

Although this study sought to explore child protection practice in cases of child neglect, all of the interview participants in this study discussed child neglect in relation to
Indigenous families. This revealed the emphasis they placed on the cultural characteristics of this group, and the marginalisation of broader issues to do with structural causes of poverty for both Indigenous people and others. Whilst it is true that, to varying degrees, interview participants acknowledged the structural causes of poverty, by and large they did not see themselves as having a role to play in combating poverty or social exclusion, and when discussing their practice they revealed continuity with the historical debates concerning the deserving and undeserving poor (see, for example Peel 2012). This had the effect of shifting the level of analysis to individual pathology and deficits when operationalising child neglect and emphasis which may be further entrenched via the reductionist lens provided by risk assessment instruments (Stokes and Schmidt 2011). In deciding whether a care situation met the definition of child neglect, what the parents were doing, and whether this was deserving of the punitive intervention offered by statutory child protection services, became a central question to be answered.

Davis and Wainwright (2005) discuss the importance of understanding poverty for social work practice and social work education, and suggest there is evidence that service users who are poor and excluded experience social workers’ judgements as indicating they are responsible for the situations in which they find themselves. Such responses reflect, according to Davis and Wainwright (2005, p. 260), a ‘mix of moral judgements and organisationally driven resource rationing that says more about control than it does about concerns to combat the impact of poverty and social exclusion on the lives of
service users’. They argue that despite the increasing proceduralisation of social work practice, and the increased focus of the social work role to a regulatory one, there still remains discretion at the front line as to how social workers use their time and the priorities they adopt.

In describing the ‘community standard’ as the way child neglect is operationalised in the Northern Territory, this study has identified what is done in this discretionary space by child protection workers. In doing so, it has identified that the experience of poverty and social exclusion in the lives of the families referred for child neglect is both acknowledged and simultaneously marginalised by child protection workers. In this study cumulative harm was a given and not a useful concept for organising practice at the same time as families were described as not experiencing real poverty in the sense they ‘had no money’. As a result:

‘The poverty dynamic is regarded as either controversial and contested, or of minimal significance’ (Becker 1997, p. 113).

This raises questions about the way the implications of poverty and social exclusion for child protection practice are explored both in social work education and subsequent workplace training and preparation for child protection practice. At a minimum, practitioners should come to an understanding via critical thinking and reflection of the values, attitudes and implicit assumptions to poverty held by the profession, the
organisation and themselves. Awareness of the factors, and the practices, including that of child protection and social work practice, which sustain poverty and the impact of poverty and exclusion on the families they work with should form part of this education, alongside exploration of the implications for practice with reference to the value base and code of ethics of social work.

8.2.2 Child neglect, poverty and service design: the need for a public health approach?

Scott (2006 p. 10) argues that child protection law and systems were originally designed to address serious physical and sexual abuse, but that ‘such laws and policies have become increasingly applied to situations where children are seen as “at risk”’. As a consequence notifications to child protection services have risen to unsustainable levels. Scott (2006, p. 10) likens the result as analogous to that of an overloaded hospital emergency department with potentially dangerous results, heightened by ‘superficial assessments’ conducted by overloaded child protection workers identified in a series of child death inquiries. Further, Scott (2006) notes that the gap between the threshold for making a notification and that for statutory intervention is widening, straining already compromised relationships between child protection services and other agencies.

As outlined in Chapter Two, the context of practice of those who participated in this study is marked by a large number of children who are amongst the most disadvantaged
in the nation. The system in which they work is designed to offer an individualised response. This study identified that child protection practitioners experienced helplessness and hopelessness as they endeavoured to respond to these individual cases of child neglect, whilst believing they had little to offer. Cases notified to the child protection service continued to increase whilst substantiation rates followed a downward trend, mirroring the gap between thresholds identified by Scott (2006).

Increasingly, calls are made for a public health approach to child protection (Scott 2006; Higgins and Katz 2008; Lonne, Harries and Lantz 2012) rather than a narrow forensic approach to investigation and substantiation. Adapting the work of Baum (1998), Scott (2006) argues for an approach based on the principles of public health care: a focus on populations as entities; understanding and development of service systems in terms of their contribution to population health outcomes; and an emphasis (broadly defined) on the social determinants of health and on prevention and health promotion.

A public health approach to child protection (or moving from child protection systems to systems protecting children) aims to prevent problems occurring in the first place by targeting policies and interventions to known risk factors; providing systems for early identification and response and directing families to the service which most appropriately meets their needs; and minimising the long term effects of the problem. In a public health approach there should be more primary than secondary services, and
more secondary than tertiary services (where child protection services are tertiary services).

The recent child protection inquiry (Bamblett, Bath and Roseby 2010) highlighted that the Northern Territory suffers from an underdeveloped and mal-distributed primary and secondary service system for children and families, particularly for those families referred for child neglect that might be understood as being ‘at the nexus between risk and need’ (Higgins and Katz 2008, p.6). As a result, referrals are made to the child protection system which may not be most appropriate service to respond. The current study can only echo the calls for a re-orientation to systems to protect children toward a more public health approach and a greater investment in the primary and secondary service sector.

However, such a change is a paradigm shift and will require a cultural change among child protection workers in the Northern Territory. Research elsewhere (Spratt 2001) has identified that social workers cannot make significant changes to their practice, such as from a forensically driven to a family support driven orientation, without significant training and support.
8.2.3 *Engaging communities*

Higgins and Katz (2008) argue that a public health approach to child protection must be based on community identified needs based on community engagement models to ensure cultural appropriateness and acceptability. Central to the way that child protection workers operationalise child neglect, particularly in relation to Indigenous families, is their assessment of the ‘community standard’. However, this concept has not been developed in dialogue with the wider community of the Northern Territory, nor with the Indigenous population of the Northern Territory.

Notwithstanding the previous section outlining the lack of a well-developed primary and secondary service system, increasing numbers of children notified to the child protection service, predominantly for neglect, but not accepted by that service for intervention might conceivably point to a service out of step with the wider ‘community standard’. If, in part, definitions of neglect are dependent on societal standards of acceptable parenting, then it is critical that child protection services engage in dialogue with the communities they serve about what are the acceptable standards. This is particularly important in their work with Indigenous families given their over representation within child neglect referrals, and the widespread assumption implied by the community standard that poor care results from cultural choice.
8.2.4 Cultural safety

The participants in this study shared McSherry’s (2007) scepticism about developing unambiguous operational definitions around child neglect; nonetheless there is a need for definitions to more accurately reflect the real world that practitioners encounter and refocus attention on the need for individualised assessments. Given the assumption that much of what practitioners see is culturally normative Indigenous child rearing, it is important that practice in cases of child neglect incorporate a nuanced understanding of norms about Indigenous child rearing to avoid the reliance on cultural stereotyping. This is not to suggest a ‘lower standard’ to define child neglect for Indigenous children. It is to suggest that without a greater understanding of Indigenous parenting practices, including those that may now no longer protect children living in an urbanised environment, it is difficult for practitioners to adequately assess whether a child’s needs are being neglected.

Most of the participants in this study indicated they knew very little about key aspects of Indigenous culture, including Indigenous child rearing methods. This complicated their ability to work confidently with referred cases of child neglect. Although they desired to practice in a culturally safe way, they lacked the skills and knowledge to do so. Little time was spent reflecting on the ways in which their own cultural identity provided a template for what appeared natural, and so they were unable to then reflect on how their practices appeared to the Indigenous people they worked with. Few had
received adequate cultural training or orientation and opportunities to work with, or learn from, Indigenous workers were scarce.

The linked issues of culturally safe practice, cultural safety training and orientation is particularly important in the Northern Territory given that the child protection workforce is increasingly drawn from an urban child protection workforce from both overseas and other Australian jurisdictions. Prior to working in the Northern Territory, most of this workforce had never met an Indigenous person.

Further, the understanding, application and evaluation of culturally safe child protection practice, particularly with Indigenous peoples, is an area for further research.

8.2.5 Supporting ‘working together’

Whether embedded within a public health approach or not, key to successful outcomes for children and families is strong collaboration, between jurisdictions, sectors and organisations (Higgins and Katz 2008). Trust and shared values are considered integral to effective interagency working. This study has highlighted the fractured relationships in the broader child and family service system in the Northern Territory, a point also made by Bamblett, Bath and Roseby (2010) who recommended legislative and procedural changes to allow for greater information sharing. However, as this study demonstrated, developing trusting and effective working relationships is fraught when
one group of workers is perceived to be dirty workers. Increased procedures will do little to address the professional isolation and moral taint experienced by the child protection practitioners who participated in this study. Organisational and legislative/procedural changes to facilitate better interagency working, such as those recommended by Bamblett, Bath and Roseby (2010) do not address issues related to the wider context of interest group power structures, socio-political processes (Horwath and Morrison 2007) or the psychological and interactional dimensions of interagency working (Reder et al. 1993).

Attending to these dimensions of interagency working should form a part of social work education-and also that of doctors, nurses, allied health professionals and others. This might usefully include learning strategies for self-care. Further attention to these dimensions of the work should be explicitly addressed during workplace orientation and induction in the child and family service system. Research suggests opportunities for multi-disciplinary training and orientation offers the opportunity for different professionals to learn with, from and about each other to reduce the likelihood of stereotyping (Lonne, Harries and Lantz 2012).

8.2.6 Supporting workers

A number of commentators have described the Australian child protection workforce as demoralised, anxious and uncertain (Scott 2006; Lonne et al. 2009) and experiencing
high levels of workplace stress and high turnover (Lonne, Harries and Lantz 2012). This workplace stress is compounded by the increasingly politicised nature of child protection practice, heightened media scrutiny and public criticism. In the Northern Territory Bamblett, Bath and Roseby (2010) identified recruitment and retention of staff as one of the major obstacles to the delivery of effective services to vulnerable children and families.

The workers in this study felt overwhelmed and feared being ‘swamped’ by the potential needs that existed. In order to survive and ration service availability they developed a model of practice (the community standard) that obviated the need for individualised assessment and provided the impression of coping. At the same time this left them troubled by an approach that left vulnerable children with unmet needs, and little opportunity to reflect upon their approach to the work or the impact this had on them.

Buckley (2000) described child protection practice as unreflective practice and the participants in this study frequently left unexamined many of the ways values may be influencing practice. The participants in this study stressed they attempted to distance themselves from the influence of personal values in their work with Indigenous families believing that to do so was akin to ‘judging culture’. The risk, identified by participants, was that inadequate care was normalised and understood as an inevitable expression of Indigenous culture, thereby leaving children in harmful situations. This issue was
identified by Bamlett, Bath and Roseby (2010) in their inquiry into child protection in the Northern Territory. They argue:

It is evident that at a deeply personal level, people working in all human services in the Northern Territory and often in relative isolation in environments foreign to their own life experience and framework, have to manage a significant cognitive dissonance. They must accommodate to the environment in which they must ‘normalise’ events and arrangements, work to legislative requirements, discern well around complex and often heated family and community disturbances and make very serious decisions about the welfare of children and families in fragile situations (Bamblett, Bath and Roseby 2010, p. 490).

Perhaps nowhere is this cognitive dissonance experienced more acutely than in child protection practice. The impact of the struggle with personal values around what children need; the constant compartmentalising of the private self and the organisational self in order to hold in balance competing and contradictory impulses is not well explored in the child protection literature and warrants further investigation.

More immediately, this impact needs to be explored within the context of regular, supportive and developmental supervision, provided by well-trained supervisors, that enables honest communication, promotes reflective practice and occurs in a non-punitive environment. It is unlikely that such supervision can be provided by Team Leaders or Managers within the service, since they too participated in this study, and
were not immune from cognitive dissonance and the struggle to distance the self from personal values.

In addition to exploring the emotional impact of the work, supervisors should be alert to the perceived impact of professional stigma arising from the ‘dirty work’ label, both on decision making, the ability to effectively work with other agencies and to the possibility that strong intra-group allegiance may be fostered by dismissing the competence of other workers in the service system.

8.2.7 Dilemmas of bureaucratic practice

Finally, this study has explored micro-level child protection practice with cases of child neglect, and has located the resultant practice wisdom in both the bureaucratic context and a place. In doing so it has made visible the ways in which both current and historical debates influence the here and now dilemmas of practice with cases of child neglect. Whilst the particular context of research in this study has highlighted practice in cases of child neglect with Indigenous families, dilemmas resulting from the nature of bureaucratic work may translate to bureaucracies located elsewhere. Despite increasing proceduralisation discretion still exists. The imperative to develop ways to unofficially ration services in the face of escalating demand, in contexts where policy and operational definitions provide only ‘shadowy guidance for practice’ (Hill 2003, p.
exists in child protection work elsewhere. How child protection workers ‘do’ the work they do cannot be assumed from official documentation. Further work studying the dilemmas of bureaucratic practice, and how responses may be influenced by place is warranted.

8.3 Conclusion

Pithouse (1987) describes social work as an ‘invisible trade’. Parton (1996) argues that little is known about what actually constitutes child protection work. Moreover, studies such as Buckley (2000) and Gillingham and Humphreys (2010) illustrate that how child protection workers do their work is not understood only with reference to policies and procedures, but that workers develop ‘unofficial rules’ to assist them do their work (Garfinkel 1967). Understanding the way that child protection workers apply policy to local contexts and illuminating the ‘unofficial rules’ that they develop, is not a well-developed area of research; this is particularly so in Australia.

Thus this study is significant in that it attends to an important gap in the research literature about child protection work by illustrating how child protection workers operationalise child neglect. The study illuminates the various tensions and dilemmas experienced by child protection workers in cases of child neglect, and the way they endeavour to resolve these tensions and dilemmas. Importantly, it does not take for granted what it is that child protection workers are trying to achieve with the decisions
they make. In addition to meeting the objective of protecting children, the workers in this study operationalised child neglect so as to protect themselves within an environment experienced by them as hostile, and also as a way of rationing demand that otherwise threatened to overwhelm them.

Despite the limitations of this exploratory study as noted previously, the findings of this study have relevance beyond the borders of the Northern Territory and may be generalised to other child protection settings. For example, similar issues of professional stigma may be apparent elsewhere, influencing the way child neglect is operationalised, and also inhibiting successful interagency working. The dilemmas experienced by child protection workers in this study, which arise from the nature of bureaucratic street level work (and which contribute to practice wisdom about how to operationalise child neglect) is a situation shared by child protection agencies in other jurisdictions. Finally, this study extends our understanding of the continuing importance and influence of cultural relativism as an ideology in child protection practice, an ideology which has been noted to be influential in other jurisdictions.

Reflecting the position of many Australian commentators, Bamblett, Bath and Roseby (2010, p. 100) suggest it is not possible to consider issues to do with Indigenous child welfare ‘separately from broader narratives of Aboriginal dispossession and disadvantage stemming from European colonisation’. Key findings of this study relate to the ways in which this history informs current child protection practice with cases of
child neglect. In locating the research firmly in a place, the study not only adds to the research literature about decision-making in cases of child neglect, but also adds to knowledge about child protection practice with Indigenous families. In seeking to maximise the use of context (Popay, Rogers and Williams 1998) the study provides an opportunity for the findings to be generalised to other similarly marginalised groups.

According to Gilgun (2005) social work is a highly contextualised activity, and this study takes a contextualised approach to research; it is clearly research in a place. Although the influence of the socio-political context on child protection decision making has been noted previously in the research literature, it has not been a focus; this study highlights that the context of practice is not only the place where practice occurs, but provides the filtering elements by which cases of child neglect are interpreted and understood. This was referred to earlier (see Chapter Two) as the terroir of practice. The emphasis in this study on practice in cases of child neglect with Indigenous families has resulted directly from the terroir of research and practice as illustrated in Chapter Two. Given the association of child neglect with poor families, any investigation of child neglect in the Northern Territory will inevitably emphasise practice with Indigenous families.

The findings of this study are not confined to child neglect practice with Indigenous families, although the study has much to say about this. Findings relate to issues of professional status or stigma, dilemmas arising from the conditions of street level bureaucratic work, the multiple goals which practitioners endeavour to address as they
go about their work and the ways these combine to develop practice wisdom: these factors have application beyond practice with Indigenous families in the Northern Territory. This study has demonstrated how these factors combine to develop a specific form of practice wisdom in cases of child neglect in the Northern Territory. How they combine to produce localised practice wisdom in different contexts is a useful subject of future research.
References


Colnerud, G. (1997) 'Ethical conflicts in teaching', Teaching and Teacher Education, 13(6), 627-635.


Flaherty, N. (2011a) 'Drawing the line in the Centre: the difficulties in defining child neglect in the NT', in National Rural Health Conference, Perth, Western Australia.


Morse, J. M. (1991) 'Approaches to qualitative-quantitative methodological triangulation', *Nursing research*, 40(2), 120-123.

Moy, F.H. (1951) *Departmental minute regarding policy on removal of Aboriginal children: advice to Patrol Officers, NT, 31st October, F1 52/250.*


Popay, J., Rogers, A. and Williams, G. (1998) 'Rationale and standards for the systematic review of qualitative literature in health services research', *Qualitative Health Research*, 8(3), 341-351.


Shaw, I. (2003) 'Qualitative research and outcomes in health, social work and education', Qualitative Research, 3(1), 57-77.


Winnicott, D. (1964) The child, the family and the outside world, Middlesex: Penguin.


Appendix One
Explanatory Statement for Postal Survey.

Title: How do child protection workers in the Northern Territory operationalise child neglect?

This information sheet is for you to keep.

My name is Nettie Flaherty and I am conducting a research project that is supervised by Professor Chris Goddard (Director, Child Abuse Research Australia) in the Department of Social Work at Monash University. This means that I will be writing a thesis, and a series of journal articles. In this study I will be using a postal questionnaire and in-depth interviews to hear the views of child protection workers in the Northern Territory. This information sheet applies to the postal survey.

Who is able to participate?
This research is interested in the views of operational staff within Family and Children’s Services. By operational staff I mean those workers that have direct contact with clients of Family and Children’s Services or who are involved in the decision making about those clients.

You are eligible to participate if you are employed by Family and Children’s Services in the Northern Territory, within the statutory child protection service, in an operational capacity and with the job title Aboriginal Community Worker, Community Welfare Worker, Team Leader, Advanced Practitioner or Manager.

This means that even if your job title is one of the above, but you do not have direct client contact (including participation in the decision making about clients), you are not eligible for this study. If you are unsure whether you are eligible, and want to participate, please contact me (Nettie Flaherty whose contact details are at the end of this explanatory statement) to talk about whether you are eligible.

Why am I doing this study?
The aim of the overall study is to explore the complexities of child protection practice around cases of child neglect. An increasing number of cases are being referred to child protection agencies for child neglect. Research elsewhere has demonstrated the difficulties workers have in identifying and responding to cases of child neglect, particularly when families are disadvantaged or from a different cultural background to the worker.

I am conducting this research to find out how child protection workers in the Northern Territory ‘operationalise’ (make sense of) child neglect in their day to day practice. As part of this study I am exploring:

- the sorts of situations that child protection workers assess as being a case of child neglect, and the key factors in the situation that lead them to define a case as one of child neglect;
• the factors that influence or have an impact on child protection workers as they assess cases of child neglect;
• the impact that cultural difference has in assessing child neglect; and
• how workers distinguish child neglect from poverty.

What are the possible benefits from this study?
A number of authors have commented on the lack of theory and practice guidance in cases of child neglect. I am expecting that the results of this study will enhance and contribute to education and training resources for child protection workers, as well as improving the quality of supervision for workers working with cases of child neglect. Such improvements will contribute to enhanced outcomes for clients referred to statutory agencies where child neglect forms part or all of the concerns expressed.

Consent
Often participants in research are asked to sign a consent form before participating in a research study. The second stage of this study, which involves interviews, will use a consent form. However, in this part of my research, in line with accepted practice, return of the postal survey in the reply paid envelope provided will be taken as your consent to participate in this study. Because this is an anonymous postal survey, it is important that you do not write your name, or sign, the survey form.

What does the research involve?
The overall research study involves both in-depth interviews and an anonymous postal survey. This explanatory statement is in relation to the anonymous postal survey.

The postal survey (attached) has a number of parts which require a ‘tick the box’ answer:
1) It asks some general questions about you (your gender and your education);
2) It ask some questions about the job that you do, and how long you have worked in child protection;
3) It asks you to answer some questions about a series of short vignettes (or stories) which may indicate child neglect;
4) It asks whether you agree or disagree with a number of statements; and
5) It asks some questions about a longer vignette (story).

How much time will the research take?
The postal survey should take no longer than 45 minutes to complete.

Inconvenience/discomfort
It is not expected that you will experience any negative effects from participating in this survey.

Can I withdraw from the research?

Being in this study is voluntary and you are under no obligation to consent to participation. However, if you do consent to participate, you may only withdraw prior to the survey being submitted. Once the survey is submitted it will not be possible to identify your survey from any other survey.

Confidentiality
It is important that you do not provide your name on the survey, or on the reply paid envelope. However, even if you should do so, any information relating to you will be treated confidentially, and your name will be removed from your completed survey. The results of this postal survey will be aggregated (that is that the information obtained will be reported in population rather than individual ways).

Storage of data
Storage of the data collected will adhere to the University regulations and kept on University premises in a locked cupboard/filing cabinet for 5 years. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

Results
Once this research project is completed, it is expected that the results will be provided back to workers within each child protection office throughout the Territory via a series of workshops.

Contact details:

<table>
<thead>
<tr>
<th>Nettie Flaherty</th>
<th>If you have a complaint concerning the manner in which this research is being conducted, please contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td>Human Ethics Officer</td>
</tr>
<tr>
<td></td>
<td>Standing Committee on Ethics in Research Involving Humans (SCERH)</td>
</tr>
<tr>
<td>Phone:</td>
<td>Building 3e Room 111</td>
</tr>
<tr>
<td>Professor Chris Goddard</td>
<td>Research Office</td>
</tr>
<tr>
<td>Email:</td>
<td>Monash University VIC 3800</td>
</tr>
<tr>
<td>Phone:</td>
<td>Tel: +61 3 9905 2052</td>
</tr>
<tr>
<td></td>
<td>Fax: +61 3 9905 1420</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:scerh@adm.monash.edu.au">scerh@adm.monash.edu.au</a></td>
</tr>
</tbody>
</table>

Thank you for participating in this research.

Nettie Flaherty
Participant Information Sheet for In-depth Interviews-
Title: How do child protection workers in the Northern Territory operationalise child neglect?

My name is Nettie Flaherty and I am conducting a research project that is supervised by Professor Chris Goddard (Director, Child Abuse Research Australia). I am enrolled in the PhD program in the Department of Social Work at Monash University. This means that I will be writing a thesis and a series of journal articles. In this study I will be using a postal questionnaire and in-depth interviews to hear the views of child protection workers in the Northern Territory. This information sheet is for people who are participating in the in-depth interviews.

Who do I want to talk to?
This research is interested in the views of operational staff within Family and Children’s Services. By operational staff, I mean those workers that have direct contact with clients of Family and Children’s Services or who are involved in the decision making about those clients.

You are eligible to participate if you are employed by Family and Children’s Services in the Northern Territory, within the statutory child protection service, in an operational capacity and with the job title Aboriginal Community Worker, Community Welfare Worker, Team Leader or Advanced Practitioner.

This means that even if your job title is one of the above, but you do not have direct client contact (including involvement in decision making about clients), you are not eligible for this study. If you are unsure whether you are eligible, and want to participate, please contact me (Nettie Flaherty, whose contact details are at the end of this explanatory statement) to talk about whether you are eligible.

Why am I doing this study?
The aim of the overall study is to explore the complexities of child protection practice around cases of child neglect. An increasing number of cases are being referred to child protection agencies for child neglect. Research elsewhere has demonstrated the difficulties workers have in identifying and responding to cases of child neglect, particularly when families are disadvantaged or from a different cultural background to the worker. I am conducting this research to find out how child protection workers in the
Northern Territory ‘operationalise’ (make sense of) child neglect in their day to day practice. As part of this study I am exploring:

- the sorts of situations that child protection workers assess as being a case of child neglect, and the key factors in the situation that lead them to define a case as one of child neglect;
- the factors that influence or have an impact on child protection workers as they assess cases of child neglect;
- the impact that cultural difference has in assessing child neglect; and
- how workers distinguish child neglect from poverty.

What are the possible benefits from this study?

A number of authors around the world have commented on the lack of theory and practice guidance in cases of child neglect, and the difficulties in working with cases of child neglect particularly if the families are socially disadvantaged or from a cultural minority. My practice experience also tells me this is the case. I am expecting that the results of this study will enhance and contribute to education and training resources for child protection workers, as well as improving the quality of supervision for workers working with cases of child neglect. Such improvements will contribute to enhanced outcomes for clients referred to statutory agencies where child neglect forms part or all of the concerns expressed.

What does the research involve?

The overall research study involves an anonymous postal survey and in-depth interviews. This part of the study involves an in-depth interview. I will conduct the interviews, which will be audio taped. I will also transcribe the tapes (that is, listen to the tapes and write down what has been said).

The interview will explore a case (or cases) of child neglect in your practice that either caused difficulty for you (for whatever reason) or where it was difficult to come to a decision about whether to substantiate the case. Before you come to the interview, I would like you to think about child neglect and the cases of child neglect that you have worked with. Thinking about, and reflecting on, a case, or cases, can help identify broader issues which impact on the way child protection services work in cases of child neglect.

During this discussion you will be reminded not to provide information that may identify the people involved in the case/s we will discuss. This case/s will be used to explore the
factors that have an impact on worker assessment of child neglect and identify those issues that make child neglect a difficult area of practice. In addition you will be asked some questions about you (your age and educational qualifications) and your job (what is your job title, what is your role, and how long you have worked in child protection). The location of the interview will be at a location convenient to you.

**How much time will the interview take?**
The interview will take about one to one and a half hours (1 to 1 ½ hours). You will be able to review the interview transcription after the audio tape is transcribed to review or edit the transcription- it is expected this process of review will take around half an hour.

**Inconvenience/discomfort**
Reflecting on cases has the potential to be both a liberating and/or a discomforting experience. There is then a slight possibility of some temporary emotional discomfort for participants during the interview as they reflect upon a case that may not feel fully resolved for them. The purpose of this research is not to assess or judge your practice; the focus is on *understanding the your perspective* about working with child neglect, and exploring the issues that impact on practice *from your perspective*.

**Benefit**
It is envisaged that participants will experience the interview as a positive experience, as it affords the opportunity to think in depth about a case.

**Can I withdraw from the research?**
Being in this study is voluntary and you are under no obligation to consent to participation. You may withdraw at any stage, including during the interview and prior to having approved the interview transcript. During the interview you do not have to answer any question you do not want to. There are no consequences from withdrawing or not participating in this research.

**Consent**
Prior to the interview commencing you will be asked to sign a consent form. This form will indicate that you consent to be interviewed for the above named research study, that you consent to be audio taped during the interview, and that the transcription can be used in preparing the thesis or other publications. This consent will be given on the agreement between us that your name or identity will not be revealed.

**Confidentiality**
It is my duty to you to make sure any information you give me is treated with the strictest confidence. Information relating to you will be treated confidentially. I will not tell
anyone that you have participated in this research, and your name will not be used anywhere in the final thesis or any other reports or articles that are published.

After you have approved the transcript of the interview, and before data analysis, your name will be removed from the interview transcript. Any quotes used within the final thesis or any published articles will not use any identifying markers: individual participants will not be able to be identified from the use of such quotes. All results will be aggregated, and will not be reported at either an individual or office level. No other person or organisation will be provided with the information directly provided by you during this interview.

**Storage of data**

Storage of the data collected will adhere to the University regulations and kept on University premises in a locked cupboard/filing cabinet for 7 years.

**How will I know what the study found out?**

Once this research project is completed, it is expected that the results will be provided back to workers within each child protection office throughout the Territory via a series of workshops.

<table>
<thead>
<tr>
<th>Contact details</th>
<th>If you have a complaint concerning the manner in which this research is being conducted, please contact:</th>
</tr>
</thead>
</table>
| **Nettie Flaherty** | **Human Ethics Officer**  
Standing Committee on Ethics in Research Involving Humans (SCERH)  
Building 3e Room 111  
Research Office  
Monash University VIC 3800  
Tel: +61 3 9905 2052  
Fax: +61 3 9905 1420  
Email: scerh@adm.monash.edu.au  
Or, in the Top End, quote 08/61 to the Secretary,  
Human Research Ethics of the NT Department of Health and Families and Menzies School of Health Research on (08) 89227922 or email ethics@menzies.edu.au |
| Email: [Redacted] |  |
| Phone: [Redacted] |  |
| **Professor Chris Goddard** |  |
| Email: [Redacted] |  |
| Phone: [Redacted] |  |

I look forward to hearing your views about child protection practice in cases of child neglect, and exploring this complex area of practice with you. Thank you for taking time out of your busy life to participate in this research.

**Nettie Flaherty**
Appendix Two
Consent Form

Title: How do child protection workers in the Northern Territory operationalise child neglect?

NOTE: This consent form will remain with the Monash University researcher for their records

This consent form is for participants who agree to be interviewed for the above named research study. This research study is conducted to fulfil the requirements for a PhD in the Department of Social Work at Monash University, and has been approved by the following ethics committees:

- Monash University ethics committee;
- Central Australian research ethics committee; and
- Top End research ethics committee.

I agree to take part in the Monash University research project specified above. I have had the project explained to me, and I have read the Explanatory Statement, which I keep for my records. I understand that agreeing to take part means that I am willing to:

1. I agree to be interviewed by the researcher. □ Yes □ No
2. I agree to allow the interview to be audio-taped. □ Yes □ No
3. I agree to make myself available for a further interview if required. □ Yes □ No

Remember, you can say no to any of these questions, or withdraw at any stage during the interview.

I understand that I will be given a transcript of data concerning me for my approval before it is included in the write up of the research.

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.

I understand that any data that the researcher extracts from the interview for use in reports or published findings will not, under any circumstances, contain names or identifying characteristics.

Participant's name

Signature

Date
Appendix Three
How do child protection workers in the NT operationalise child neglect?

A postal questionnaire for frontline child protection staff.
POSTAL QUESTIONNAIRE

This questionnaire will take about forty five minutes to complete. It is divided into six sections:

- Personal details (non identifying)
- Your job
- Child care stories
- Statements
- Case scenario
- Your feedback.

When you have completed the questionnaire, please place it in the stamped addressed envelope provided and post it.

Please do not write your name on this questionnaire as it is intended to be anonymous.

________________________________________________________________________
I am interested in finding out a little bit about you and the sort of work you do. Please tick (✓) the response that describes you.

1) Gender
- [ ] Male
- [ ] Female

2) Age
- [ ] Under 24
- [ ] 25-29
- [ ] 30-39
- [ ] 40-49
- [ ] 50+

3) Highest completed educational qualifications and name of qualification
- [ ] Have NOT completed Year 12
- [ ] Completed year 12
- [ ] Completed TAFE qualification
- [ ] Completed undergraduate degree
- [ ] Completed post-graduate study
YOUR JOB

Please tick (✓) the appropriate response.

4) **What is your job title?**
   - [ ] Aboriginal Community Worker
   - [ ] Community Welfare Worker
   - [ ] Team Leader
   - [ ] Advanced Practitioner
   - [ ] Manager

5) **How long have you worked for Family and Children’s Services (NT)?**
   - [ ] Under 1 year
   - [ ] 1- less than 2 years
   - [ ] 2- less than 3 years
   - [ ] 3-less than 5 years
   - [ ] 5 years or more

6a) **Have you worked in statutory child protection in another state/territory/country?**
   - [ ] No
   - [ ] Yes  *Please answer part b) and c)*

   b) **For how long did you work in statutory child protection in another state/territory/country?**
      - [ ] Under 1 year
      - [ ] 1- less than 2 years
      - [ ] 2- less than 3 years
      - [ ] 3- less than 5 years
      - [ ] 5 years or more

c) **Please name state/territory/country**  (___________________________)

7) **What is your role in working with cases of child neglect?**

   Professionals have different roles in working with cases of child neglect. Please tick (✓) those of the following roles that apply to your current position

   **ROLE**
   - [ ] Investigating cases of child neglect
   - [ ] Participating in decisions about what needs to happen following a decision to Substantiate child neglect
   - [ ] Assessing the needs of neglected children
   - [ ] Delivering or arranging for services for children who have been neglected
   - [ ] Delivering or arranging for services to parents who have neglected their children
   - [ ] Other *(please specify)*  ____________________________
This research is looking at child neglect, and the sorts of situations that child protection workers come to recognise as child neglect. Please read the following child care stories, and respond as outlined.

**Story 1**

Lee is eight years old. She frequently comes to school tired. She was absent two days this week, and when she comes to school she tells her teacher that she had to stay home and look after her brother Sam (who is two) and was too sick to attend child care, and her mother had to go to work.

8a) How do you rank the standard of care? Please tick (✔) the appropriate number that corresponds to your assessment of the standard of care, where 1 is dangerously inadequate, and 4 is adequate care.

<table>
<thead>
<tr>
<th>Dangerously inadequate (1)</th>
<th>Inadequate (2)</th>
<th>Borderline care (3)</th>
<th>Adequate care (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8b) ‘Story 1 describes a case of child neglect’

Please tick (✔) the appropriate response to indicate the extent of your agreement or disagreement with the statement.

- [ ] Strongly disagree
- [ ] Disagree
- [ ] Agree
- [ ] Strongly agree

8c) Please tick the key factors that influenced your decision

- [ ] Basic needs of the child met
- [ ] Basic needs of the child not met
- [ ] No harm to the child evident
- [ ] Significant risk of harm to the child evident
- [ ] Actual harm to the child evident
- [ ] Situation poverty, not child neglect
- [ ] Chronic nature of the situation
- [ ] Appears one off incident
- [ ] Situation is beyond parent’s control to change
- [ ] May be culturally appropriate care
- [ ] Other (please specify) ____________________________
**Story 2**

Johnny is six. His clothes are worn and usually inappropriate for the weather. Poor hygiene is a recurring problem, and the other children refuse to play with him because they say he smells.

9a) How do you rank the standard of care? Please tick (✓) the appropriate number that corresponds to your assessment of the standard of care, where 1 is dangerously inadequate, and 4 is adequate care.

The standard of care in this situation is:

- Dangerously inadequate
- Inadequate
- Borderline care
- Adequate care

9b) 'Story 2 describes a case of child neglect’

Please tick (✓) the appropriate response to indicate the extent of your agreement or disagreement with the statement.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

9c) Please tick the key factors that influenced your decision

- Basic needs of the child met
- Basic needs of the child not met
- No harm to the child evident
- Significant risk of harm to the child evident
- Actual harm to the child evident
- Situation poverty, not child neglect
- Chronic nature of the situation
- Appears one off incident
- Situation is beyond parent’s control to change
- May be culturally appropriate care
- Other (please specify) _____________________________
Story 3

Jake is seven. He has never been to school. He spends his days happily wandering around, visiting various family members. Usually he returns home before dark, but he often sleeps at different family members’ homes. Sometimes his parents know which house he is at, frequently they don’t.

10a) How do you rank the standard of care? Please tick (✓) the appropriate number that corresponds to your assessment of the standard of care, where 1 is dangerously inadequate, and 4 is adequate care.

The standard of care in this situation is:

<table>
<thead>
<tr>
<th>Dangerously inadequate</th>
<th>Inadequate</th>
<th>Borderline care</th>
<th>Adequate care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10b) ‘Story 3 describes a case of child neglect’

Please tick (✓) the appropriate response to indicate the extent of your agreement or disagreement with the statement.

- [ ] Strongly disagree
- [ ] Disagree
- [ ] Agree
- [ ] Strongly agree

10c) Please tick the key factors that influenced your decision

- [ ] Basic needs of the child met
- [ ] Basic needs of the child not met
- [ ] No harm to the child evident
- [ ] Significant risk of harm to the child evident
- [ ] Actual harm to the child evident
- [ ] Situation poverty, not child neglect
- [ ] Chronic nature of the situation
- [ ] Appears one off incident
- [ ] Situation is beyond parent’s control to change
- [ ] May be culturally appropriate care
- [ ] Other (please specify) ____________________________
Story 4

Jessica is four. She lives with her mother and a number of other family members, including a number who stay with the family during their trips into town. Many of these family members use these trips to town to see the specialist, go shopping and drink alcohol, and it is not unusual for fights to break out late into the night. The house has broken windows, broken glass in the yard and driveway, doors that don’t close properly, and overflowing bags of garbage in the yard.

11a) How do you rank the standard of care? Please tick (✓) the appropriate number that corresponds to your assessment of the standard of care, where 1 is dangerously inadequate, and 4 is adequate care.

The standard of care in this situation is:

<table>
<thead>
<tr>
<th>Dangerously inadequate</th>
<th>Inadequate</th>
<th>Borderline care</th>
<th>Adequate care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

11b) 'Story 4 describes a case of child neglect'

Please tick (✓) the appropriate response to indicate the extent of your agreement or disagreement with the statement.

- [ ] Strongly disagree
- [ ] Disagree
- [ ] Agree
- [ ] Strongly agree

11c) Please tick the key factors that influenced your decision

- [ ] Basic needs of the child met
- [ ] Basic needs of the child not met
- [ ] No harm to the child evident
- [ ] Significant risk of harm to the child evident
- [ ] Actual harm to the child evident
- [ ] Situation poverty, not child neglect
- [ ] Chronic nature of the situation
- [ ] Appears one off incident
- [ ] Situation is beyond parent’s control to change
- [ ] May be culturally appropriate care
- [ ] Other (please specify) ____________________________
**Story 5**

Steve is fourteen. On Friday night his mother was angry with him for coming home later than agreed, and locked him out of the house all weekend. This morning at school he was tired and sad.

12a) How do you rank the standard of care? Please tick (✔) the appropriate number that corresponds to your assessment of the standard of care, where 1 is dangerously inadequate, and 4 is adequate care.

The standard of care in this situation is:

<table>
<thead>
<tr>
<th>Dangerously inadequate</th>
<th>Inadequate</th>
<th>Borderline care</th>
<th>Adequate care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12b) *Story 5 describes a case of child neglect*’

Please tick (✔) the appropriate response to indicate the extent of your agreement or disagreement with the statement.

- [ ] Strongly disagree
- [ ] Disagree
- [ ] Agree
- [ ] Strongly agree

12c) Please tick the key factors that influenced your decision

- [ ] Basic needs of the child met
- [ ] Basic needs of the child not met
- [ ] No harm to the child evident
- [ ] Significant risk of harm to the child evident
- [ ] Actual harm to the child evident
- [ ] Situation poverty, not child neglect
- [ ] Chronic nature of the situation
- [ ] Appears one off incident
- [ ] Situation is beyond parent’s control to change
- [ ] May be culturally appropriate care
- [ ] Other (please specify)  

______________________________________________
**Story 6**

Sue is one and is in the bath tub and being bathed by her father. The phone rings in the lounge, two rooms away. Her father leaves Sue in the bath and goes to answer the phone.

13a) How do you rank the standard of care? Please tick (✔) the appropriate number that corresponds to your assessment of the standard of care, where 1 is *dangerously inadequate*, and 4 is *adequate care*.

<table>
<thead>
<tr>
<th></th>
<th>Dangerously inadequate</th>
<th>Inadequate</th>
<th>Borderline care</th>
<th>Adequate care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

The standard of care in this situation is: 

13b) *Story 6 describes a case of child neglect*

Please tick (✔) the appropriate response to indicate the extent of your agreement or disagreement with the statement.

- [ ] Strongly disagree
- [ ] Disagree
- [ ] Agree
- [ ] Strongly agree

13c) Please tick the *key factors* that influenced your decision

- [ ] Basic needs of the child met
- [ ] Basic needs of the child not met
- [ ] No harm to the child evident
- [ ] Significant risk of harm to the child evident
- [ ] Actual harm to the child evident
- [ ] Situation poverty, not child neglect
- [ ] Chronic nature of the situation
- [ ] Appears one off incident
- [ ] Situation is beyond parent’s control to change
- [ ] May be culturally appropriate care
- [ ] Other (please specify) ____________________________
Please read the following statements, and indicate your level of agreement or disagreement by ticking (√) the appropriate box.

14a) ‘Child protection services should only get involved in families when there is identified harm to the child.’
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree

b) ‘Child neglect should not be substantiated when the family is living in poverty.’
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree

c) ‘Even if the physical care of the children is not adequate, if the child seems loved, child protection services should not get involved.’
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree

d) ‘The boundary between poor quality parenting and child neglect is clear for me.’
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree

e) ‘Whether a situation is one of child neglect or not really depends on the views of individual workers.’
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree
f) ‘I struggle to assess child neglect in cultures that are different from my own.’
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree

g) ‘An important factor for me in deciding whether something is child neglect is whether I can do something about it.’
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree

h) ‘I find it difficult to know what is reasonable to expect of poor families.’
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree

i) ‘Child neglect definitions reflect white middle class values.’
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree

j) ‘I find it hard to know what to do in cases of child neglect: there are so many issues to address.’
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree
Please read the following case scenario.

The Smith family:
- Mary, mother, 32 years old, home duties. Mary is six months pregnant.
- Tony, father of all children, 38 years old, unemployed.
- Billy, 8 years old.
- Shania, 5 years old.
- Crystal, 3 years old.
- Tania, 18 months old.

The family are well known to a number of health and welfare agencies around town. Over the years the older children have been in care at Mary’s request. She usually says during these times that she is not coping. After they had been in care a few times, a family support worker was sent to help Mary with routines like managing the housework and getting the kids ready for school. Mary has told the family support worker they may need to go into care again after the new baby is born because she doesn’t know how she will manage.

Mary believes that the children should be able to look after getting their own meals and getting to school themselves, and that the older children should care for the younger children. She says they are ‘very good at that’, and tells the family support worker she feels proud because of that.

Although the family support worker has been visiting for six months now, and despite Mary saying how much she enjoys the worker’s visits, it doesn’t look like much has changed. The family support worker has received regular phone calls reporting that the children are ‘running wild’. The neighbours do not believe the children are fed or clothed properly, they are always dirty and scruffy, and sometimes they smell. They don’t regularly attend school. Recently a neighbour came home from work to find the children had climbed the fence and were in his swimming pool.

The family support worker is also worried about Tania, the youngest. Whenever she visits, Tania is strapped into her stroller in front of the television. She was weighed recently and her weight has dropped from the sixtieth to the fiftieth percentile on the growth chart. Mary says she ‘gets into everything’, but the family support worker has never seen her out of the stroller, and is not sure if she can walk, or even crawl. She can say one or two words and rarely smiles.

Tony used to do a bit of labouring, but hasn’t worked for six years since he had a car accident. He drinks most days and when the family support worker visits he goes outside. There have been suggestions that he is violent to Mary, but there is no record of the police having been called. He appears to have little to do with the children.
15) Rank the **five factors causing the most concern in Tania’s care**

1 is the cause for **least** concern → 5 is the cause for **most** concern

**Rate (1-5)**

- Few words spoken
- In pusher all day
- Crossing centiles on RTHC
- Rarely smiles
- Allegations of domestic violence
- Tania not walking
- Father’s alcohol use
- Frequent complaints to family support worker
- No change in family routines despite intervention
- Other, please state

16) **Rank the five factors causing the most concern for the care of the other children**

1 is the cause for **least** concern → 5 is the cause for **most** concern

**Rate (1-5)**

- Inappropriate caring responsibilities of children younger
- Trauma associated with being placed in care
- Alcohol use by father
- Possible witnessing of violence toward mother
- Lack of supervision
- Lack of parental guidance
- Lack of regular school attendance
- Lack of emotional care/nurturing
- Poor physical care
- Other, please state

17) **If this case was referred to your office, what do you think would be the most likely outcome?**
18) Is there anything else you would like to say about child protection practice in cases of child neglect?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

19) Have you any comments on how this questionnaire could be improved?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you for completing this questionnaire.

Please return this questionnaire by posting it back in the stamped addressed envelope.

If you would like to participate in an interview discussing the issues that impact on child protection practices in cases of child neglect please contact Nettie Flaherty at...
Appendix Four
Interview Guide-prompting questions

Title:  How do child protection workers in the Northern Territory operationalise child neglect?

Preamble
- Thank the participant for interest and willingness to be involved.
- Use Explanatory Statement as a guide to ensure:
  -the participant understands the research aims and interview process;
  -the participant understands that although the interview will require a reflection on practice, the focus is on understanding their perspective and not on evaluating or judging their practice;
  -the participant’s understanding of Confidentiality;
  -participation does not oblige the participant to answer all or any of the questions, and the participant can withdraw at any time without prejudice;
  -consent is obtained for interview, audio taping interview and publication.

Interview

- General exploration of issues in practice

Child neglect: similarities/differences with other maltreatment issues? Relationship to other maltreatment types? How big an issue in your workload/this office? Thoughts about causes of child neglect?)

- Child neglect

Exploration of understanding of the meaning of child neglect in practice.

If I was a new worker starting in this office today, and I asked you to help me understand what child neglect was, how would you help me understand it? How would I ‘know’ that a referred case met the definition of child neglect?

How did you come to this understanding of child neglect?
(eg on the job training; formal education; personal experience; ‘practice wisdom’)

- Reflection on practice

In the letter outlining this research, you were asked to think about a case, or cases, of child neglect from your practice that raised issues for you, or where it was difficult to decide whether to substantiate child neglect. Can we talk about this case/s now without mentioning the real names of the people involved?
What made you choose this case?
Factors to do with the case? Or the office? Or the community?

Eg

What was the cultural background of the family involved? What impact did cultural background have on the way this case was responded to?

Were there significant differences of opinion? Within the office? The service network? What happened?

What impact did this have on your personal values or beliefs at the time/now?

Did you feel supported by colleagues?

Tell me about the case? What happened?

Possible prompting questions:

What was described in the notification?

What were the major protective concerns notified?

Was the case accepted as a notification? If no, explore...

If yes,

What were the critical factors that led to it meeting the threshold for acceptance?

( Parent related: eg substance abuse, mental health, housing/homelessness, income, chronic illness, violence, care burden, parenting skills deficit, home management issues, lack of social support)

( Child related: eg disability, age, behavioural, health, previous notification)

( Community related: eg remote/urban/isolated)

( Case related: harm/risk of harm, type of neglect, other maltreatment alleged, referral source)

In your experience what sort of cases are more likely/less likely to meet the threshold for acceptance? Can we explore the ways in which poverty or culture might influence the threshold?

Do you think the child was receiving adequate care? What makes you think this?

What was the most concerning issue in care for you? What makes you think this? What do you think the impact of these on the child might be?

What do you think explains why the parents were unable to care adequately for their child/ren?

( Parental factors/structural factors/community factors/cultural practices)

What support/services do you think the parents needed to care better for their child? What was provided? What happened?

Was the case substantiated? Why or why not?
What is it about this case that made it difficult?

Was it factors in the case, or the practice environment? (eg media interest, disagreement with other agencies, within the office, the court process)

Is this case different to most cases of child neglect? In what way is it different? Are there similarities between this case and other cases of child neglect? What are the similarities? [If worker has worked elsewhere in child protection-explore unique aspects of the case NT?]

Do you think the way the wider community understands child neglect, and the way this office understands child neglect is the same? Explore. How do you understand ‘community standards’ in assessing neglect? Are there different community standards for different cases? What are culturally appropriate community standards?

What did you think/feel about this case at the time? (Difficulty related to personal history?) Were you able to express this at the time? What happened? Was supervision able to assist you with these thoughts/feelings? What would have helped (would help)?

What do you think/feel about this case now? Do you feel optimistic for the future of this child/ren? Because.....?

Would you do anything differently now?

What are the major influences on your ability to work effectively with cases of child neglect?

Eg

time constraints, workload pressures, limited resources, media interest, policy/procedure/legislation, nature of the job, issues of confidentiality, interagency relationships, lack of training, ambiguity of definition, case issues, parent/family issues, poverty, cultural issues?

How effective do you feel the child protection service is in working with cases of child neglect? [If not effective: What would help it be more effective? If effective: Can you describe the ways in which it is effective?]

Explore-different to other abuse types or the same? More effective in some families/situations than others? Characteristics?

What would help you feel more effective in working with cases of child neglect?

Anything else you would like to say about child protection work with cases of child neglect?