Chapter 12
Mandatory Reporting and the Difficulties Identifying and Responding to Risk of Severe Neglect: A Response Requiring a Rethink

Bob Lonne

Introduction

Neglect of children is a significant social issue worldwide and is typically the most frequently reported form of maltreatment in Western nations, with its severe forms sometimes resulting in significant illness and disablement or death. Yet, paradoxically, it remains 'neglected' and largely in the shadow of physical and sexual abuse, often being viewed as less serious despite the real-life consequences of its insidious and compounding nature and the lasting damage it causes to intergenerational familial relationships and the life outcomes of those affected. This chapter explores the many complex forms of child neglect, its causes and impacts and the strategies to prevent it.

In particular, a critical standpoint is taken in analysing the rationale and merits of mandatory reporting of neglect and their effects, systemically and for children. It is argued that with respect to neglect, and severe neglect in particular, that mandatory reporting is counterproductive to our efforts to prevent maltreatment because it has too many unintended consequences that hinder system and family responses to access necessary preventative programs and supports, particularly concerning the social structural factors at play. Examples are used to highlight the characteristics of system failures regarding severe neglect and to understand why our reporting system responses can fail. Finally, key practice and policy issues regarding mandatory reporting of severe neglect are unpacked and examined, exploring the ways in which we can enhance our efforts to prevent child neglect, render support in timely and effective ways and thereby protect children from its more profound impacts.

B. Lonne (✉)
Faculty of Health, School of Public Health and Social Work, Queensland University of Technology, Brisbane, QLD, Australia
e-mail: b.lonne@qut.edu.au

B. Mathews, D.C. Bross (eds.), *Mandatory Reporting Laws and the Identification of Severe Child Abuse and Neglect*, Child Maltreatment 4,
DOI 10.1007/978-94-017-9685-9_12

What Is Neglect?

Differing Social Constructions

Despite long-standing attention there is not yet available a universally accepted definition of 'neglect', although Dubowitz (2007) rightly notes that there is 'a surprising level of agreement about what constitutes neglect' (p. 604). Essentially, definitions of neglect are socially constructed and are, therefore, dependent upon localised individual, collective and normative processes that take account of a diverse array of considerations (Dubowitz 2012; Horwath 2007; Moran 2009; Tanner and Turney 2003). These include cultural, religious, community and societal beliefs, values and ethics, not to mention a myriad of interpretations applied to specific behaviours and events and their situational and circumstantial contexts.

Many personal, professional and organisational influences are at play when practitioners make determinations about neglect, with one study identifying that the assessment task is as much a practice – moral activity as a technical – rational one, that is, both their head and heart are used in the process (Horwath 2007). Moreover, many of those with an interest in determining whether or not social interventions should be undertaken come from different organisational and disciplinary backgrounds with their own distinct discourses and perspectives (Horwath 2007). Hence, what is defined as neglect in one community may not be defined as such in another, even though they are in the same country or region, perhaps with a shared language and other cultural characteristics.

Neglect is a global term for quite different phenomena. Stein et al. (2009) identified important differences in the way neglect might be defined at the various stages of childhood, positing that more age-sensitive definitions were required. Scott (2014) in an Australian Institute of Family Studies (AIFS) review identified neglect types including physical, supervision, medical, educational, abandonment and emotional which have distinct aetiologies.

Further, the characteristics and causes of neglect are dissimilar to physical abuse and sexual abuse in particular ways including its sometimes chronic nature; definitional difficulties that mean its occurrence is less binary compared to abuse; different intentions of parents/carers; and that neglect increases the risk of exposure to other forms of harm (Mennen et al. 2010; Scott et al. 2012). Neglect is also harder to prove than abuse incidents because it requires establishing that something is missing and that its absence will cause an observable harm or risk of harm in the future, a feature that makes reporting potentially speculative. These differences require differentiated responses, whereas most child protection systems treat them as the same.

Viewpoints about child abuse and neglect are evolving and highly contested within social policy, not the least because of the variety of understandings about children and their needs, the role of the state in ensuring their safety and well-being and families' rights to privacy (Ferguson 2004). Nigel Parton (2006) has explored various social constructions of children and childhood in England and how these

have changed over time, along with understandings of child abuse and neglect and governance of the family. He noted heightened social surveillance and wider regulation and intervention into families under the rubric of protecting children from risk of harm within 'the preventive state'.

Many organisational and legislative definitions of neglect are actually contained within broad definitions of 'child abuse and neglect' with no attempt to distinguish these different concepts. Despite these differing social constructions and definitional issues, there is a dominant theme within most definitions of neglect, and this is the assigning of responsibility and fault with the parent/carer. This blaming aspect is problematic (Dubowitz 2013; Harries and Clare 2002) because it individualises the events and places responsibility for social structural factors with parents/carers and, arguably, hinders them taking up voluntary support services. Whilst it is evident that finding fault with parents is more likely to occur in situations where their own actions are central to the maltreatment, what is at issue here is the extent to which this happens within forensic approaches to child protection. The emphasis placed on blaming here stems from the deficit-oriented features of such investigatory systems (Lonne et al. 2009) and leads to many service users feeling stigmatised and fearful (Shemmings et al. 2012), which is quite different to their typical responses when voluntary services are provided through differential response approaches (Kyte et al. 2013; QUT and Social Research Centre 2013; Winkworth et al. 2010).

Nonetheless, fault is present in criminal legislation in many jurisdictions, particularly with severe neglect being a criminal offence (Mathews and Bross 2014). Fault, or at least a 'failure' to provide the child with a basic necessity, is also implied in definitions used in professional circles. For example, the US National Child Abuse and Neglect Data System defines neglect as 'a type of maltreatment that refers to the failure by the caregiver to provide needed, age-appropriate care although financially able to do so or offered financial or other means to do so' (see American Humane Society 2014). The Australian Institute of Family Studies (AIFS 2014) refers to neglect as 'the failure by a parent or caregiver to provide a child (where they are in a position to do so) with the conditions that are culturally accepted as being essential for their physical and emotional development and wellbeing'. Finally, the Department of Children and Families Connecticut (2014) defines neglect as 'the failure, whether intentional or not, of the person responsible for the child's care to provide and maintain adequate food, clothing, medical care, supervision, and/or education'.

Uncertainty and Complexity in Determinations of Neglect

In many ways, dealing with neglect captures many of the tensions, challenges and complexities of working in child protection. Neglect is a very complex phenomenon to definitively determine (Dubowitz 2007; Gaudin 1999; Mennen et al. 2010; Stoltenborgh et al. 2013) and personal beliefs play a role (Horwath 2007). A recent meta-analysis of prevalence rates in 13 studies of physical neglect and 16 of

emotional neglect found 'a disturbingly high prevalence of physical neglect (163/1,000 cases) and emotional neglect (184/1,000 cases)' (Stoltenborgh et al. 2013, p. 354).

There are, however, a multitude of definitional, methodological and data system issues present, and comparing different studies is not a precise science as assumptions do need to be made in reaching conclusions (Gilbert et al. 2009a; Scott 2014; Stoltenborgh et al. 2013). Nonetheless, this meta-analysis puts neglect in the vanguard to protect children and reflects its dominance as a maltreatment type within formal child protection data around the globe (AIHW 2013; Child Trends 2012; Gilbert et al. 2009b, 2011; Mennen et al. 2010; Stein et al. 2009; US Department of Health and Human Services 2010).

When operationally defining neglect we must take into account a messy and uncertain interplay of risk indicators at the child, family, community and societal levels, knowing that these are understood within a normative framework of what is 'reasonable' in light of the circumstances and the general expectations of relevant social roles, such as being a father and mother. Dubowitz (2013) has depicted neglect as being on a continuum, with 'optimal' and 'grossly inadequate' being polar ends, and determinations of adequate care being variable dependent upon a range of contextual factors. Where exactly the threshold point is for severe neglect is unclear, and the available literature tends to focus on those matters that entail children's deaths or significant illness and disablement, but does not provide much guidance on the many other examples of neglect that entail a potential risk for dire consequences but no actual current presentation of serious harm.

The development of poor care events into neglect and the emergence of signs of demonstrable harm is an insidious process. The challenge of identifying the early signs of neglect, and particularly severe neglect, in advance of tangible signs and outcomes of harm is very difficult indeed and may be impossible. There is a huge difference between the prospective and the retrospective as we shall see later in some tragic examples.

The consequences of neglect are sometimes profound and are often experienced well after the neglectful event or behaviour occurs (Gaudin 1999; Gilbert et al. 2009a, b). Tanner and Turney (2003) identify that neglect can be occasional and reactive or entail a sustained and chronic breakdown in the relationship of care. Scott et al. (2012) highlight that when making determinations about neglect, we need to take into account both the level of severity and chronicity along a continuum and to also assess the cumulative effects of multiple relatively low-level events that may compound over time. For example, a lack of emotional response from a parent may not be significant if it is a one-off event, but continuing emotional absence can have significant impacts on children.

Moreover, neglect does not just concern what someone, typically a parent or carer, has done to a child in a particular situation or over time, such as recklessly placing them in harm's way, but what they also might not have done but should have. Hence, acts of commission as well as omission are relevant, but always within a normative understanding as to what was the 'proper thing to do' – what ought to have been done in the particular circumstances but was missing.

The parents'/carers' failure to provide an appropriate aspect or level of care for a child of a particular developmental level also entails the assignment of responsibility upon the parent/carer to do so in order to prevent unwanted and potentially dangerous events occurring. Here the concept of risk plays a central part. That is, the neglect must involve either a demonstrable and significant negative consequence upon the child's health and well-being or an unacceptable risk of this eventuating. Determining prospective risk is replete with suppositions about future events or impacts that might, or might not, be able to be reliably and accurately measured, but are nonetheless perceived as real.

These usually entail moral judgments about the level of adult behaviour and responsibility displayed by the carer, a key feature of many definitions. Assigning responsibility can also spill over into blaming parents, which can hinder the opportunities for working collaboratively with health and welfare professionals (Shemmings et al. 2012). In light of this, Dubowitz (2013) has argued for definitions of neglect to focus on when a child's basic needs are not being met rather than parental omissions. Yet, there are limits to moral expectations of parents because neglect also entails definitions and assessments about 'good enough care' rather than a good or high standard of care.

In its more severe examples, though, neglect may entail a legal and criminal response such as when there has been a 'failure to provide the necessities of life', or the neglectful act is deemed to have entailed a degree of behaviour, or the consequences are so serious as to constitute criminal negligence. The task of setting these standards is one shared by many within particular cultures, communities and societies. This includes extended family, elders, community leaders and people of eminence such as the judiciary and health and welfare professionals. Gender is often at the heart of these frameworks for child-rearing behaviours and caring, with women usually carrying primary caregiving roles. On the broader front there is the United Nations Convention on the Rights of the Child that sets particular standards and which most nations have ratified (Reading et al. 2009).

There is 'strong evidence linking neglect to poverty' (Dubowitz 2007, p. 605; Carter and Myers 2007; Jonson-Reid et al. 2013). This factor makes for real complexity when trying to determine whether children are being neglected because of their parents'/carers' actions or primarily because of social and economic deprivations. For example, McSherry (2007) and Dubowitz (2007) explored the issues surrounding a 10-year-old caring for younger siblings due to their parents being at work and identified many grey areas in determining whether or not neglect was occurring and even whether this may in some circumstances be the 'lesser of two evils' and a positive learning experience for the child in the caring role.

Cultural relativism is also at play when matters of child abuse and neglect are at issue (Gilbert et al. 2011; Reading et al. 2009). There is any amount of evidence from around the globe that illustrates the critically important part that culture plays in the determination of what does, and does not, constitute a situation of child abuse and neglect (Dubowitz 2012; Jonson-Reid et al. 2013; Saunders et al. 1993), although some US studies have identified general agreement about what constitutes neglect across different racial/ethnic and socio-economic groups (Dubowitz et al. 1998).

Of particular note are the issues that arise for immigrants, people of colour and indigenous peoples as well as other groups who are socially excluded, such as people with intellectual and mental health disabilities, and single parents, particularly those households headed up by women (Bilson et al. 2013; Daniel et al. 2010; Child Trends 2012; Gilbert et al. 2011; Gillespie et al. 2010; Kaplan 2013; Jonson-Reid et al. 2013; LaLiberte and Lightfoot 2013; MacLaurin et al. 2005; McConnell 2013; Saunders et al. 1993; Scott 2014). These groups experience overrepresentation in most child protection and welfare systems and in the case of indigenous peoples profound overrepresentation. Whilst the reasons for indigenous overrepresentation are complex and interrelated, the Australian Institute of Health and Welfare (AIHW) has identified one of the factors as 'perceptions arising from cultural differences in child-rearing practices' (2012, p. 14). There are major social, economic and health disparities evident for indigenous peoples that both contribute to this overrepresentation and are also made worse by it (see Steering Committee for the Review of Government Service Delivery 2013).

Neglect is the most frequently reported type of harm for indigenous Australian children (AIHW 2013, p. 54). The largest groups of notifiers are primarily those who are subject to mandatory reporting requirements: police, school authorities and health and welfare personnel (AIHW 2013, p. 55). Recent Australian inquiries into state child protection systems have identified the increasing overrepresentation of Aboriginal and Torres Strait Islanders, despite a raft of policies aimed at reducing it (Cummins et al. 2012; Queensland Child Protection Commission of Inquiry 2013; Wood Inquiry 2008). Further, aggregated child protection data identifies increasing overrepresentation of Australia's indigenous children who are subject to reports of alleged maltreatment, substantiated harm and children under orders and in alternative care – their overrepresentation increases the further they progress into the care system (AIHW 2013). The situation is similar in Canada for First Nations children (Blackstock et al. 2004; Gillespie et al. 2010; Sinha et al. 2010, 2011) and elsewhere (Child Trends 2012; Gilbert et al. 2011).

This overrepresentation by reporting and intervention systems should not be viewed as arbitrary. Rather, these are patterns associated with poverty, marginalisation and race, and we find that groups with these characteristics find themselves targeted within our reporting systems – that is, they are significantly overrepresented and, as we shall see later, increasingly so as they go further into the care system. Mandatory reporting within such systems cannot be properly seen as a benign policy affecting all equally, but should be seen as part of an overall system that accentuates overrepresentation for groups that already experience substantial inequality and disadvantage (Bywaters 2013). One could perhaps conclude differently if mandatory reporting and investigation led to effective helping that specifically addressed the influential social structural factors, but they do not and are instead fashioned around individualising the matter and emphasising interventions that reinforce parental responsibility within a blaming and stigmatising orientation.

Moreover, not only are these social structural dimensions not taken account of and corrected within our mandatory reporting systems, they are reinforced by it, with a preponderance of reporters being those who are required either legislatively

or organizationally to report suspected harm (AIHW 2013). The evidence overall is strong that the overrepresentation results from more than just social disadvantage (Doolan et al. 2013; Sinha et al. 2011; Steering Committee for the Review of Government Service Delivery 2013), although some evidence is mixed (Sinha et al. 2010). These situations are very difficult for people and groups feeling alienated and distrustful of societal support structures, even to the point of being unwilling to access needed assistance, particularly if they fear being reported to child protection authorities and losing their children (Bilson et al. 2013). This is an important point and highlights the inadvertent consequences of mandatory reporting, namely, that such approaches promote investigation but are far less successful in providing helpful assistance and guidance to struggling families, particularly when they fall just short of the reporting thresholds or just short of being a substantiated outcome and therefore remain ineligible for ongoing support.

In this author's view, when determining whether neglect of children is occurring and its level, a range of contextual factors are pertinent, such as the:

- Child's characteristics, including their age, developmental level, vulnerability and the presence of any special needs, particularly disability
- Levels of capacity of the parent/carer, including their maturity, mental health, resourcefulness and commitment to their children's well-being
- Severity and chronicity of neglectful events and the risk of cumulative harm
- Approaches taken to child-rearing practices within the family, cultural group and community, including influences such as ethnicity, religion and gendered responsibility
- Family environment, including relationship quality and the levels of conflict and interpersonal violence present
- Community context, including the relative levels of poverty and social exclusion experienced by particular groups; the access to resources, supports, and services; and the perceptions of safety and well-being within the neighbourhood
- Actual harm experienced and the risk of potential harms evident, neglect often involving an insidious process of harm accumulation over time

Before examining the merits of mandatory reporting for neglect, including its severe manifestations, it is important to understand the diversity found across the various types, forms and continuum of neglect, which is often conflated within the literature into a global maltreatment category. It is argued that this can result in a loss of the different aetiologies present and a push for generalised interventions that take no account of these important differences. Moreover, the complexities inherent when making prospective assessments of risk of future harm and outcomes are often ignored within assessments where the thresholds for intervention are blurry at best and assumptions about the supposed predictability of relatively low-level neglect escalating to become severe. Further, as described earlier, those needy families that fall just short of the mandatory reporting and investigation thresholds often find themselves ineligible for supportive services, or more often, health and welfare staff are focused on reporting the matter rather than offering direct universal support (Daniel et al. 2010). In this chapter the argument is made that in light of the difficulties

and unreliability of such professional assessments, that mandatory reporting of neglect and severe neglect are counterproductive.

Types of Neglect and Impacts

The literature suggests many different types of neglect and specific forms within each of these; however, there are various findings regarding the ability to accurately assign particular impacts to specific acts, types and forms of neglect (Jonson-Reid et al. 2013). Indeed, most professional literature on neglect depicts it as a global category of maltreatment, with the sequelae undifferentiated as to their origins and specific types of neglect or abuse (Gaudin 1999; Gilbert et al. 2009b; Stoltenborgh et al. 2013). This reflects and compounds the 'neglect of neglect' within the literature and hinders recognition of its impacts (Dubowitz 2007; McSherry 2007; Stoltenborgh et al. 2013). Further, there are numerous definitional and methodological variations that make it hard to compare research findings (Dubowitz 2012; Gilbert et al. 2009b; Stein et al. 2009; Stoltenborgh et al. 2013; Tanner and Turney 2003).

Scott's review (2014) highlighted the frequently identified types as:

- Physical
- Supervisory
- Medical
- Educational
- Abandonment
- Emotional neglect

Physical Neglect This pertains to the child's needs for adequate food, nutrition, clothing and shelter. Each of the forms within this type of neglect is distinguishable and has different impacts, but is nonetheless viewed as the 'necessities of life', and parents/carers are deemed responsible to provide them. Yet, the linkage here to poverty is clearly apparent, and parents may be unable rather than unwilling to do so. Severe neglect will often be associated with physical neglect and entail serious consequences for children's health and well-being, including death or significant illness and disablement.

Supervisory Neglect According to Scott et al. (2012, p. 6), supervisory neglect occurs when 'inadequate supervision leads to or has the potential to lead to harm to the child. The difficulty in adequately defining supervisory neglect is compounded by a lack of clarity of what constitutes adequate supervision in a given situation, combined with the lack of clarity in defining neglect'. It entails inadequate supervision for a relatively short period where there are unacceptable risks of harm for the child, such as young children being unsupervised around water or a dependent child being left alone at home whilst the parent is elsewhere. For example, recent studies of fatal maltreatment identified supervisory neglect as critical in determining child drowning as neglect rather than 'accidents' (Damashek et al. 2013; Welch and Bonner 2013). Determination of supervisory neglect is dependent upon a range of

factors including the child and parent/carer's abilities, capacity (including impairment) and relationship; accessibility of help and resources; the danger present and potential consequences; and the nature of the circumstances in which the supervision was inadequate.

Medical Neglect This entails a failure to provide appropriate and necessary health care in a timely manner, which has a material impact on the child's health, and where a reasonable parent would have sought such care. It can involve medical recommendations being ignored and treatment not being accessed, but, again, it is not straightforward as not all recommendations for treatment are essential, not all parental behaviour will have a significant impact on the child, and poverty may be a factor in making medical care unaffordable. Religious beliefs may also be present, and many states in the USA, for example, allow religious exemptions in their civil codes for child abuse and neglect (Dubowitz 2013), although most other jurisdictions around the world do not.

Educational Neglect Scott (2014) has identified this as a failure to provide a child with 'an education and the necessary tools to participate in an education system' (p. 4), where parents/carers take decisions to either prevent the child accessing education or support the child's decision to refuse to attend school. Educational neglect can result in significant detriment to a child's life chances of securing sustainable employment and may trap them into ongoing poverty, which is also an important factor for consideration because low-income households may not have the resources available to adequately support children's education. We will later examine high-profile Australian cases where educational neglect was at issue.

Abandonment This involves a parent/carer leaving a child alone or in the care of another person for a lengthy period and either a prolonged separation or severing of the relationship with the child. In essence, the child is left to their own devices to care for themselves, or is left with an inappropriate person who has an uncaring relationship with them, or who does not have the capacity or commitment to undertake a caring role.

Emotional Neglect This occurs when there is significant inconsistency in, or the absence of, nurturance and affection within the caring relationship to the point where the parent/carer is unable to meet the child's needs. Research indicates that its impacts can be very severe upon the child's emotional and psychological health and well-being and their social development (Dubowitz 1999; 2013; Gaudin 1999; Gilbert et al. 2009a, b; Stoltenborgh et al. 2013), as well as the ongoing familial relationships and children's behaviour and identify formation, particularly with attachment disorders (Crittenden 1999; Howe et al. 2000). Longer-term effects include adolescents demonstrating a higher likelihood of substance abuse, risky and aggressive behaviours and poorer physical and mental health (Gaudin 1999; Scott 2014; Stoltenborgh et al. 2013). However, there are considerable methodological limitations in the research undertaken of emotional neglect, and further detailed studies are required to fully understand the short-term and long-term impacts (Gaudin 1999).

Longer-Term Impacts The literature identifies that effects can be compounding and cumulative, with a multifarious array of harm sometimes evident and featuring physical, emotional, psychological and relational aspects. Damage to a child's emotional and psychological well-being can occur, leading to difficulties developing wholesome relationships with others (Crittenden 1999; Howe et al. 2000; Tanner and Turney 2003), with failure in parent–child attachment being replicated across generations (Reder and Duncan 2001). There is evidence that children who were neglected are more likely than others to experience poor economic circumstances as adults and to need higher levels of social support (Gilbert et al. 2009a; Scott 2014; Stoltenborgh et al. 2013). However, these consequences are often insidious and only become clearly evident over the long term, making earlier predictions difficult.

What can also occur is an intergenerational transmission of powerful life narratives that children build to explain and understand themselves, their situations and relationships. These can entail an overt sense of hopelessness and despair, becoming a pervasive influence through life because the messages they contain are used to guide their interactions with others, their feelings about themselves and their emotional investments into relationships. The sorts of narratives can include messages such as:

- 'I am unloved and unlovable'.
- 'I am damaged goods, needy, vulnerable and downtrodden'.
- 'Family members will always hurt you, and they only like you when they want something'.
- 'People cannot be trusted as they will always let you down and use you'.
- 'There is no use trying as you can never get ahead'.
- 'My life will never get any better because people like me are destined to be losers'.
- 'For people like me, life is full of tragedies and disappointments. That's just the way it is and will always be'.

Carrying these sorts of negative narratives can have the effect of sapping their energy for living a full and rewarding existence – their life force is reduced by powerful self-messages that make it difficult to aspire or to see a better future. Hence, mental health issues are observable, including PTSD and substance abuse, along with relationship difficulties and other adverse outcomes (Gilbert et al. 2009b; Jonson-Reid et al. 2013). It is unsurprising that their lack of trust in others and reduced life expectations should spill over into their relationships with health and welfare personnel who intervene in relation to their care of their own children (Crittenden 1999; Howe et al. 2000; Tanner and Turney 2003).

Why Does Child Neglect Happen?

The early work of Crittenden (1999) and Dubowitz (1999) was important in developing conceptual understandings about why people neglect children and shaping intervention approaches, such as working in the longer-term rather than brief interventions (Jonson-Reid et al. 2013; Tanner and Turney 2003). Putting aside the

already identified issues around definitions and the types of neglect, and the influence of poverty, there are a number of reasons postulated for neglect occurring.

Tanner and Turney (2003, pp. 27–29) identified the causes as being within the intrapersonal, interpersonal, social and ecological domains. These are too complex and interrelated to go into detail within this chapter, but generally involve the following factors, and typically there are multiple combinations at play:

- Personalistic – e.g. immaturity, sense of powerlessness
- Psychiatric/psychological – e.g. information processing, mental health and substance abuse, learned helplessness
- Psychological/psychosocial – family functioning, communication, conflict resolution, leadership, role and characteristics of extended family
- Attachment – e.g. disordered parent–child relationships
- Child development – e.g. impacts of developmental history and disability
- Sociological – e.g. poverty, social exclusion, community impoverishment
- Ecological – interplay between the intra- and interpersonal and social/societal factors
- Parental environment – links between parental skills, social support, resource management

The literature indicates that a range of typical factors, whilst not necessarily causal, can affect how chronic and severe neglect manifestations may present, including parent/carer illness and mental health disability, alcohol and drug abuse, child illness and disability, low income, ethnicity, domestic violence, prior history of maltreatment and being in care and poor access to social supports (Daniel et al. 2010; Dubowitz 1999, 2007; Fallon et al. 2013; Gilbert et al. 2009a, b; Jonson-Reid et al. 2013; Kaplan 2013; LaLiberte and Lightfoot 2013; McConnell 2013; McSherry 2007; Saunders et al. 1993; Scott 2014; Sinha et al. 2010, 2011; Stoltenborgh et al. 2013).

Most families, at one stage or another in their history, experience significant events or stressors that either challenge or overwhelm their own resources and lead them to seek support and assistance from family, friends, neighbours and community (Melton 2010). This is part and parcel of living within a web of social care in a community or neighbourhood. However, neglecting families often have limited access to support sources, either because of damaged relationships and engagement with others or reduced community capacity resulting from poverty and social exclusion.

Crittenden (1999) highlighted that notwithstanding the presence of macro factors such as poverty and social marginalisation, parents/carers have critical responsibilities which they fail to uphold, whether it be due to psychological/emotional matters or otherwise. She proposed three ‘forms’ of neglect, namely:

- Disorganised
- Emotional
- Depressive

These partly result from parents’/carers’ interpersonal problems, leading to a failure to establish and maintain relationships with their children that are productive, nurturing and enduring. Importantly, the underlying problems need to be addressed for the neglecting behaviour to change and for the caring relationships to be refashioned

and renewed, if not restored. This requires longer-term interventions that are empathic and supportive rather than brief, incident-specific ones (Dubowitz 2013; Jonson-Reid et al. 2013; Scott 2014; Tanner and Turney 2003).

Disorganised Neglect These families typically have multiple life problems and respond chaotically and primarily through displaying highly variable emotional feelings and affect that create unpredictable responses to, and relationships with, the children in their care. Children learn to exaggerate their emotional responses and develop reactive relationships. Intervention is challenging and focuses upon structured involvements that seek to reassure, support and provide guidance to enable the parent/carer to become cognitively organised and to regulate their emotions (Scott 2014).

Emotional Neglect According to Crittenden (1999), this is least likely to be associated with poverty and is notable by parent/carer behaviours and relations that are primarily cognitive and do not engage with emotional and affective responses but instead focus on meeting children's physical and material needs and adherence to normative rules and expectations. Hence, these families do not necessarily attract adverse attention as the emphasis on compliance with rules, achievement and independence in the children can come across as 'normal' and mask the lack of emotional content within the relationships (Scott 2014). Chastisement of overt emotional responses can be common. Crittenden (1999) argued for further research on intervention efficacy and that these should aim to have the child remain within the home so that they do not feel separation stress and further abandonment.

Depressive Neglect This is the most common form of neglect, with families appearing passive, disengaged and disinterested in change or ameliorative interventions. Their life narratives reflect ever-present struggle to address the needs of the children and they 'doubt that anything will change the current situation' (Scott 2014, p. 12). Parents/carers are frequently unresponsive to environmental cues or pressures, and their children's needs and demands are frequently ignored (Crittenden 1999). Hence, particularly when children are very young, their basic physical and emotional needs can be left unaddressed, resulting in them learning to shut out their own feelings and wants and become passive and unresponsive (Scott 2014). If chronic, depressive neglect can result in cumulative harms and a potential, in its severe forms, to result in death, significant illness including malnutrition and disablement. Interventions are aimed at both reshaped cognitive processes and learning new behavioural processes and structures and addressing the mental health sequelae in therapy and with medical assistance.

What Is Severe Neglect?

The significant difficulties in prospectively determining the existence and future consequences of severe neglect in any given case have been outlined as well as the problems with assigning parental neglect. In contrast, there is less uncertainty when

there is substantial evidence of current severe neglect, for example, in cases of profound malnutrition. Ambiguities become less of an issue, albeit within a continuum that nonetheless does not have clear thresholds. Rather, the term 'severe' depicts events and outcomes that clearly do not meet community standards and which have wholly unacceptable and serious consequences for the child's health and well-being. For the purposes of this chapter, and based on Dubowitz's work (2013), I have defined severe neglect as occurring when:

> A child's basic needs are not met and present a serious threat for the child's health and wellbeing, with high and unacceptable risk of, or demonstrable impacts including, death or significant injury, illness and disablement. The impacts upon the child have a significant disabling effect upon their short-term or long-term physical, emotional and psychological wellbeing, and profoundly affect their capacity to engage in emotionally nurturing social and familial relationships.

This definition tries to steer away from the negative implications of accentuating parental/carer responsibility and fault which, as Dubowitz (2013) acknowledges, can have detrimental effects upon engagement with them that hinders or prevents the effective helping relationships and interventions. This compounds the fact that some parents/carers have great difficulty in developing trusting relationships with health and welfare professionals. Nonetheless, most definitions of neglect, particularly criminal ones, do assign culpability and an associated allegation of fault. Perhaps more importantly, mandatory reporting approaches and subsequent forensic investigation can be perceived as coming from such a position because they embrace an individualisation of neglect situations, hold parents/carers entirely responsible for addressing it and simultaneously minimise or ignore the social and structural dimensions.

The argument here strongly promotes families receiving supports and assistance to address the contributing factors and impacts of severe neglect. However, there are consequences from going down the path of delivering services only following a report and investigation, usually a substantiated one, with attendant stigmatisation and reinforcement of negative life narratives. Reporting is not a benign process of inquiry resulting in better access to services for needy people. There is evidence of investigators being confrontational and disrespectful communicators, which fosters parental alienation (Shemmings et al. 2012). Investigation can also lead to service user hostility and suspicion that child protection workers have acted unethically concerning private information parents provided (QUT and Social Research Centre 2013). Too often investigation results in limited or no support being provided other than the reporting (Daniel et al. 2010; Melton 2005). Further, it affects trust levels in the practitioner–service user relationship when the former has made the mandated report (Harries and Clare 2002; Steinberg et al. 1997), potentially damaging the take-up of available support.

Severe and fatal neglect involves a range of types (Welch and Bonner 2013) including starvation and malnutrition; inadequate shelter, clothing and control of the climate and environment; failing to provide adequate supervision and guidance to a child resulting in serious injury from foreseeable environmental dangers and causes; abandonment that places the child at risk of significant harm; and failing to

provide a child with affection and nurturance sufficient to meet their emotional and relational needs, which has a significant impact upon their psychological and social well-being and behaviour.

These examples are determined in line with local community norms and standards, but because the consequences are severe, they will likely involve statutory interventions that are based on legal definitions in keeping with community child development and protective expectations (Scott 2014). Hence, interventions do not occur randomly or arbitrarily but, rather, on a clear legal definition outlined in local statutes.

Severe Neglect Examples

Understanding the types and nature of severe neglect can assist in understanding how policy and practice failures occur, but also what the system limitations are. Two high-profile Australian tragedies illustrate different aspects of the types and forms of neglect, as well as the limitations and consequences of mandatory reporting. The first, the death in New South Wales of 7-year-old 'Ebony' in 2007, was investigated by the Ombudsman but also triggered the Wood Inquiry (2008) into the state's child protection system. The second case involved the deaths of 18-month-old twins in Brisbane, Queensland, in mid-2008.

Ebony, Aged 7 Years

On 3 November 2007, Ebony, who was autistic, died of chronic starvation shortly after her family relocated. Her mother was convicted of murder and sentenced to life imprisonment, whilst her father was found guilty of manslaughter and received a sentence of 16 years imprisonment. The Ombudsman's report details both the events leading to Ebony's death and the significant issues that arose with inter-agency organisation, including communication, roles, responsibilities and poor coordination (NSW Ombudsman 2009).[1] The Ombudsman's report made a wide range of observations and recommendations to the Departments of Community Services (DoCS); Education and Training; Ageing, Disability and Home Care; Housing; and the NSW Police Force, which in combination with the Wood Inquiry report (2008) have guided the restructuring and ongoing reform of the state's protective system and policy and practice frameworks.

Whilst the broad mandatory reporting laws were not recommended to be rescinded, they were recognised by the Wood Inquiry (2008) as leading to the child protection system being strained with increasing reports and investigations, yet reducing substantiation levels, and with over 70 % coming from mandated reporters

[1] Further information is available on this case from the judgement of the New South Wales Supreme Court: R v BW & SW (No 3) [2009] NSWSC 1043.

(Wood Inquiry 2008, p. 172). The Inquiry found increasing reporting (more than half the reports) involved around 20 % of the families and that 'the level of seriousness of reports has decreased' (p. 181). Examples were identified of mandatory reporters making repeated reports because of a lack of response by DoCS (Wood Inquiry 2008, pp. 171–172) and of more than 10 % of mandated reports not reaching the legislated thresholds. The Inquiry (2008) concluded that 'it is clearly a waste of police, health, school/child care and DoCS resources to make and process thousands of reports which DoCS believes do not amount to a risk of harm as defined in the Care Act' (p. 176).

An overhauled system resulted from the Inquiry recommendations and government's *Keep Them Safe* initiatives. These included a new differential response model for the intake and referral of reports through Child Wellbeing Units within six key government agencies that filter and assess these, ensuring direct referral to early intervention and prevention services without the need for reporting and statutory investigation and narrowing the law to make mandatory reports only in cases of significant abuse or harm. Reports, including from those mandated, and investigations have subsequently decreased dramatically. For example, prior to the Wood Inquiry, New South Wales, Australia's largest state with around one third of the population, had 61 % of the reports nationally, 79 % of the investigations and 63 % of the substantiated outcomes, with staggering increases of more than 350 % in each during the 5 years to 2006–2007 (Bromfield and Holzer 2008). These authors noted the growth and that the demand increases were far and away greater than other Australian jurisdictions and that there was flow through to the rates per 1,000 children under protective orders which were also substantially higher than elsewhere. Following the Inquiry and associated reforms, notifications fell from 213,686 in 2008/2009 to 98,845 in 2010/2011, with commensurate falls in investigations and substantiations (AIHW 2012, pp. 17–19).

Ebony, who had global developmental delay as a result of failure to thrive, was the third child of four to parents who were aged 32 years (father) and 18 years (mother) when they became a couple. They were estranged from their families and experienced many issues including mental health, prescription drug dependence, relationship problems, domestic violence and income support for health reasons – poverty was an issue. Disorganised and possibly depressive forms of neglect presented in this case (Crittenden 1999). Whilst accessing a range of health and welfare services, generally speaking, they were seen as being very difficult to engage into helping services and sometimes obstructive. For example, the Department of Ageing, Disability and Home Care records described them as 'chronic non-attendees for appointments' (NSW Ombudsman 2009, p. 32).

From 1993 to 2007, there were 17 reports of suspected risk of harm, but few of these were mandatory notifications under the NSW Children and Young Persons (Care and Protection) Act 1998. For example, the Department of Ageing, Disability and Home Care made a mandatory notification of Ebony in 2006 because of not accessing therapy services. The Ombudsman (2009) advised that 'DoCS' involvement with the family prior to 2000 was minimal. During this period, the department received three reports, two of which it investigated … (that) did not identify significant

concerns regarding risks to the children' (p. 10). The Ombudsman's investigations raised concerns about DoCS' responses to reports about 'Ebony and her sisters from 2005 onwards' (p. 9).

Over the long term, the primary protective issues were the chronic nonattendance at school by the two older children and, subsequently, Ebony and the failure to thrive of Ebony and her younger sibling. Parental difficulty in coping with Ebony and her sibling's behaviour and squalor in their Department of Housing rental accommodation are also noted. Protective action was at times minimal and at other times intensive (2001–2003), with the removal of her younger sibling in 2002 as a result of failure to thrive and other court action to ensure that the parents utilised appropriate health, educational and support services. The Ombudsman (2009) noted 'the department's repeated failure to respond to these same concerns when they re-emerged over a two year period from 2005. In this regard, between 2005 and 2006, DoCS received nine risk of harm reports concerning the three older children. During this period the two eldest girls' attendance at school was poor and in June 2005 they ceased attending school altogether' (pp. 11–12). On occasions, there was parental resistance to letting the workers see Ebony, which was likely to be related to their fear of investigation and removal of the children.

What is clear is that whilst the educational neglect of the two older siblings was seen as significant, as was the failure to thrive of the youngest child, the health, educational and protective interveners did not usually perceive Ebony's situation to entail severe neglect, but to be at a lower threshold and more about parental refusal to access appropriate services to deal with her disabilities.

Crucially, the Ombudsman (2009) identified numerous system and human issues within DoCS including heavy workloads and other organisational pressures, information system and communication failings, staff performance and turnover issues, individual judgement errors and supervision lapses, the result being 'critical information about what actions had occurred and what needed to be done, was lost' (p. 14). In this overstretched organisational environment, the Ombudsman reported that 'we were told that in these circumstances the case of the three children was not a priority in the caseworker's caseload', resulting in inadequate follow-through that may have detected Ebony's deteriorating condition and intervened to address this.

All these system issues in Ebony's case have been identified in other major inquiries as resulting from the system pressures associated with workload demands that are driven by mandatory reporting and forensic approaches to child protection that see investigation as the primary service and which operate in risk-averse ways (see Cummins et al. 2012; Queensland Child Protection Commission of Inquiry 2013).

But this is only part of the issue. The statutory system, overburdened by demand pressures of reports and investigations, was in no position to either assign a higher priority to Ebony compared to other cases or to allocate the resources necessary to ensure a proper follow-up and intervention. Viewing Ebony's tragic death as merely the result of poor staff performance and judgement ignores the systemic issues and the role of mandatory reporting in overwhelming the protective responses.

Unnamed Twins Aged 18 Months

On 16 June 2008 in Brisbane, Australia, toddler twins were found dead in their bedroom by their 11-year-old sibling. They had died from malnutrition approximately a week earlier, but their mother, who was suffering from a major depressive illness, had hidden this knowledge from her four other children and her estranged husband who also lived in the house. Depressive and, potentially, disorganised forms of neglect were evident (Crittenden 1999). According to a treating psychiatrist, the woman's fear of being discovered was 'one of the drivers of not seeking help' (*Courier Mail* 8 August 2013 p. 21). Both the mother and father were charged with murder for failing to provide the twins with the necessities of life, but had pleas of manslaughter accepted by the prosecution after the trial had commenced, with both receiving 8-year custodial sentences.

There was extensive media coverage and the court heard that the twins were infrequently seen by family and friends, and 'the last sighting of them at a healthy weight was in February or March 2008' (*Courier Mail* 25 July 2013, p. 15). The mother, who had her first child at 17, had a complex history including suffering abuse as a child and being fostered (*Courier Mail* 17 August 2013, p. 48). Following relocation in 2007, the family situation deteriorated with a marital relationship breakdown, her husband drinking and gambling heavily and she disengaging and secluding the twins in their closed bedroom.

One psychiatrist attributed her actions to feeling ashamed, resulting from the depressive illness that 'substantially impaired capacity to control her actions' (*Courier Mail* 7 August 2013, p. 14). In her evidence, the mother said that she knew it was wrong to underfeed the twins but 'was too frightened to seek help in case they were taken from her' (*Courier Mail* 6 August 2013, p. 12). The court heard evidence of squalor in the house, high levels of school absenteeism by the other children, behavioural issues and the 11-year-old having to step up, prepare meals and look after her siblings. There was, however, no reporting history to the child protection authorities.

The father's disengagement from the family and his responsibilities (apart from working) and the mother's enveloping depression and absorption into computer games and extricating from contact with family, friends and other supports are notable. She told the court she wanted to avoid criticism of her parenting skills – 'I was ashamed of my situation' (*Courier Mail* 6 August 2013, p. 12). 'When the mother reached out to her own mother for help, she was assured that she was a wonderful mother and told not to worry', and the grandmother said, 'we should have picked a lot more up but we just didn't' (*Courier Mail* 17 August 2013, p. 65).

Whilst Queensland's mandatory reporting system is narrower than NSW, there were nonetheless health and education personnel involved, as well as family and friends, and of note is the mother's own childhood experiences of being in care which clearly had a bearing on her fear of, and desire to avoid, statutory intervention.

Fear of Being Reported

In many respects these cases are similar, not just because of deaths by starvation but with regard to associated factors such as mental illness, alcohol and drug abuse, disengagement from accessible supports, fear of statutory intervention, behavioural issues with the children, school absenteeism and squalor in the house and the general form of the neglect. These are all quite typical factors in disorganised and depressive neglect situations. However, in Ebony's case there was considerable reporting, mandatory and otherwise, which was associated with the parents' unwillingness to be further involved. The mandatory reporting in place did not prevent the tragedy and contributed to parental avoidance of voluntary assistance and statutory intervention. In the twins' case there was no reporting, mandatory or otherwise, and their mother was fearful of seeking help that might lead to the further involvement of child protection in her life. Anxiety over determinations of parental fault was present. Fear of being reported was clearly present in both cases and had a bearing on not accessing helping services. Fear of losing one's children and avoidance of helping services are outcomes of mandatory reporting regimes, albeit unintended (Daniel et al. 2010; Harries and Clare 2002).

Predicting Future Outcomes

It is arguable on the facts of these cases that the neglect was not perceived as severe by those who knew the situation, but as something far less serious until, that is, the deaths of the children. This is a key point and relates to the earlier discussion about the fuzziness of the definition of neglect and its many types and forms, and determination of the thresholds for reporting, and determining what exactly severe neglect is. Prospectively determining severe and fatal outcomes is quite different to retrospectively doing this.

Perhaps more importantly, these cases involve predictions of risk – that is, potential harm at an indeterminate future point. Those involved were placed in a position that required them to foresee a situation of severe neglect and tragic consequences in circumstances where this was at odds with the neglect that had so far been evident. This raises the question of whether or not it is actually possible, in operational terms, to accurately and reliably assess such future outcomes. Is the assessment task, in reality, so speculative and future oriented as to render such conclusions as having unacceptable reliability?

Or is it as Dubowitz (2013, p. 74) notes, just 'difficult to predict the likelihood and nature of future harm', but still achievable with a reasonable degree of accuracy? Does mandatory reporting actually lead to any appreciable level of increased protection for children in such fuzzy and uncertain circumstances as are found in typical neglect cases? Or does it just trigger feelings of threat and fear by parents/carers that leads to decreased prospects for help seeking? And does it merely

overwhelm already stretched systems, sending them into a situation where, paradoxically, the more they undertake risk-averse investigations of reports, the less likely they become able to render the sorts of early intervention and help to prevent neglect?

Can forensic child protection systems geared to mandatory reporting in the hope of preventing neglect respond to it in any ways other than removal of children that meet the thresholds? Because of the clear threat they entail, is child protection able to provide any services to fearful parents that are realistically going to be taken up voluntarily when the threshold for removal has not been met? And, to what extent does mandatory reporting influence professionals, subtly and otherwise, to reject and resist reporting matters because it takes it out of their hands, does not guarantee improved outcomes and may make matters significantly worse?

The Merits of Mandatory Reporting of Severe Neglect

Mandatory reporting, whether by statute or policy, has become increasingly controversial since its inception, not the least because it extends the role of the state into the privacy of family life and requires a range of health, education and welfare personnel, depending on specific requirements, to report suspected harm of children to the authorities, thereby altering their role from helping to surveillance. Systems are quite varied across jurisdictions depending on their scope, who is involved, and the processes for reporting and assessing thresholds (Gilbert et al. 2011). Much has been written about the scope and relative merits of such laws and organisational policies, including in this text (see, e.g. Gilbert et al. 2009b; Harries and Clare 2002; Lonne et al. 2009; Mathews et al. 2009; Mathews and Bross 2008; Melton 2005). It is beyond the scope of this chapter to fully examine these as the focus here is on severe neglect, but the key arguments can be summed up as:

- When there is adequate resourcing and effective implementation, mandatory reporting is a necessary measure to help families and prevent harm to children from abuse and neglect, which is often hidden, through early advice to protective authorities that facilitates coordinated protective interventions whilst quantifying the problem and addressing legal and ethical issues (Mathews 2012).
- Mandatory reporting is counterproductive because it net widens social surveillance, particularly of marginalised groups, leading to overburdened systems that infringe family privacy through unnecessary intrusive investigations, and hinders children's protection by overwhelming available resources, alienating reporters in positions to help those in need and frightening parents from seeking help (Harries and Clare 2002).

Unfortunately, mandatory reporting has also changed the role of community members, making them more of a bystander who has become a tool of social surveillance and provider of information to authorities, rather than an active helper building community social care capacity (Daniel et al. 2010; McLeigh 2013; Melton 2005,

2013). Social surveillance is central to mandatory reporting, a mechanism by which behaviour assessments and intervention regimes are targeted to errant citizens. In doing so, it can be perceived as doing more harm than good, at least from the perspective of those who are reported and by mandated reporters who resist because of fears of unintended consequences in their professional relationships.

The crucial importance of relational practice and working with people in empathic and humane ways has received increasing attention, not the least because of pejorative discourses and the 'othering' of parents within child protection systems and recognition of the alienating experiences that many families experience from investigation and involuntary interventions (Featherstone et al. 2014). Pervasive neo-liberal discourses that emphasise punishment, social surveillance and behavioural compliance of particular groups and refashion governance of the family and the role of the state are part and parcel of our contemporary approaches to protecting children – mandatory reporting in its various forms needs to be understood within this macro political context (Parton 2014).

Nonetheless, it is arguable that mandatory reporting is justifiable in situations of severe physical and sexual abuse of children, which are tantamount to criminal conduct and have profound impacts on children's health, well-being and safety, and where a failure to report can have tragic consequences. However, there are important differences between the presentations of abuse and neglect, with the latter typically being insidious in its development and very difficult, if not impossible, to both recognise current sequelae and reliably predict potential harm. The aetiology of these maltreatment forms is quite different, for example, the part that poverty plays in neglect.

This author believes that, on balance, mandatory reporting of neglect is counterproductive to the interests of protecting children because it reduces the likelihood that families will engage with protective and helping supports, which paradoxically increases the risk of harm to child populations. Reasons for this include:

- Defining neglect and its thresholds is complex and prone to variable influences that make it too subjective and likely to be prejudicial to marginalised groups, thereby contributing to their overrepresentation in protective systems.
- The inherent difficulties in accurately identifying neglect and predicting the risk of future severe harm make the process of mandatory reporting too unreliable.
- Mandatory reporting is highly stigmatising and thereby counterproductive because it reinforces social marginalisation.
- The mandatory reporting approach is always in danger of focusing on the individual 'perpetrator' and is unable to focus on the ecological and social context except to reduce these to individualistic risk factors.
- When employing mandatory reporting, child protection agencies are prone to ignore or minimise the social structural dimensions of neglect, potentially undermining public health approaches that promote early intervention and prevention.
- Mandatory reporting feeds significantly increased service demands onto already stretched systems and thereby overwhelms their capacity to provide holistic assessments and interventions because resources are devolved to unnecessary and counterproductive investigations.

- Mandatory reporting entails significant disruption to the relationship between the reporter and the parent/carer that can cause irreparable damage to the helping and protective processes for all those involved.
- Many parents/carers who neglect carry powerful negative life narratives that entail a sense of hopelessness, fatalism and shame, and mandatory reporting feeds these narratives with a renewed sense of distrust of other's motives and fear of the consequences, thereby decreasing self-referral and help seeking.
- Propensity to not access, or withdraw from, services is sometimes characteristic of neglecting parents/carers and is exacerbated by mandatory reporting, thereby placing children at greater risk – coercion makes them increasingly avoidant and transitory in their relationships with support networks.
- Differential response systems, rather than mandatory reporting intrusions, divert needy families to accessible support services and have a lot more going for them with regard to positive family responses.
- The nature and form of most types of neglect require a longer-term protective and helping intervention that is distinctly at odds with mandatory reporting and risk-averse regimes which emphasise investigation as the service and short-term intensive involvement.
- Whilst neglect typically has the highest incidence of harm, most of this is at relatively low levels that do not meet intervention thresholds, and mandatory reporting wastes limited resources spent on unnecessary investigations in order to assuage organisational and community anxieties.

There are reasons for the historical 'neglect of neglect' within our forensically oriented child protection approaches. Whilst there is evidence that statutory approaches are largely successful in addressing the most egregious forms of harm (Finkelhor and Jones 2006; Melton 2010, p. 94), there is little evidence that these have been successful in reducing the prevalence or impact of neglect (Cummins et al. 2012; Gilbert et al. 2009a, b; Stoltenborgh et al. 2013). A recent longitudinal study in six developed countries found little support for concluding that there was a decline in child maltreatment despite massively increased resources (Gilbert et al. 2012).

What neglecting families need is mandatory support rather than reporting and investigation. We know that parents appreciate and take up non-stigmatising help when it is accessible where they need it (QUT and Social Research Centre 2013; Winkworth et al. 2010). Yet, we also know that our systems are labouring under the expectations of prioritising investigation of reports of suspected harm and that this impacts negatively on our capacity to provide ameliorative and supportive assistance to vulnerable families and children. For example, recent Australian judicial inquiries all concluded that the systems were struggling to cope with the demands for statutory investigations of alleged harm and that this was threatening system sustainability, financially and otherwise (see Cummins et al. 2012; Queensland Child Protection Commission of Inquiry 2013; Wood Inquiry 2008).

It is important to understand the reasons why our protective systems are structured and delivered in particular ways. There is an ingrained punitive, stigmatising and blaming aspect to our forensic approaches (Lonne et al. 2009), and Dubowitz (2013)

notes how counterproductive this can be for neglecting families. Mandatory reporting is a key strategy of the forensic orientation of child protection, which is different to approaches in other parts of the globe (Gilbert et al. 2011; Kojan and Lonne 2012). Yet, there is increasing evidence that differential response works (Kapland and Merkel-Holguin 2008; Kyte et al. 2013).

Mathews (2012) has identified a number of reasons for maintaining mandatory reporting regimes, but fails to distinguish between the differences and merits for both abuse and neglect cases. Whilst the claim is made that most substantiated cases 'are identified as a result of a report by a mandated reporter' (p. 337), his argument does not properly take account of the skews that occur with regard to reporting by police, health and welfare personnel and the negligible rates of self-referral by parents/carers in child protection systems compared to the substantial rates in some Scandinavian countries such as Norway (Kojan and Lonne 2012). The Norwegian parents identified a range of high needs about their inability to care including poor home conditions, mental illness, drug abuse, domestic violence and behavioural/psychological problems for their child, but did so within an approach that prioritises voluntary interventions and access to resources and support rather than investigation.

Mathews (2012) has, in my view, correctly differentiated the necessity for legislation and mandated authorities to identify contextually relevant thresholds and to respond appropriately to different kinds of cases. In explanation of the overreporting that has occurred, he has identified implementation issues and the need for governments to provide adequate resources and to educate reporters about which cases should and should not be reported. However, the analysis provided has not, in my view, sufficiently drawn the link between systemic mandatory reporting behaviours by front-line staff and the subsequent demand increases that threaten system sustainability. Over the past decade in Australia, there have been huge increases in spending on child protection yet little evidence of a reduction in the incidence or impact of maltreatment (Cummins et al. 2012; Queensland Child Protection Commission of Inquiry 2013). Whilst in the USA there is evidence of declining abuse rates (Finkelhor and Jones 2006), there is little evidence of the same occurring for neglect, which is associated with inequality and disadvantage (Gilbert et al. 2009a).

Again, whilst Mathews' work correctly identifies that many multiple reports are made for a small proportion of families, he does not fully explore how this can rightly be perceived as evidence of gross systemic failure to address their problems. Nor does it properly explain the fact that many Australian jurisdictions now do investigations on more than a quarter of all children, with far higher rates being experienced by indigenous children (Bilson et al. 2013; Cummins et al. 2012; Gilbert et al. 2012; Queensland Child Protection Commission of Inquiry 2013; Wood Inquiry 2008). In my view, the unrelenting service demands resulting from risk-averse mandatory reporting make it necessary to prioritise time and resources to the most risky cases, and as the Ebony example showed, this can often be neglect cases that are, for a variety of reasons, generally seen as less serious. Further, the social and other costs of these levels of surveillance of the population are astonishing. It is little wonder that parents/carers can end up feeling threatened and fearful and subsequently unwilling to seek help.

Being investigated has an impact on how people perceive themselves and their family life. For example, a recent Victorian study of over 500 parents/carers of children who received services either via an investigation of alleged harm or by voluntary referral through the differential response path of community-based family service agencies identified staggering differences in their perceptions of the intervention outcomes (QUT and Social Research Centre 2013). Approximately 85 % of the family service participants rated their parenting skills and the children's health, safety and well-being as having improved, whereas around half that proportion of the child protection, parents/carers felt the same. Both groups had high and complex needs including drug and alcohol services, disability, family violence, mental health and family support programs. Around a quarter of the child protection, parents believed that information they had provided to the department had been used inappropriately.

Which door families use to access support and services makes a difference and investigating parents does impact (QUT and Social Research Centre 2013). Further, socially isolated and disadvantaged sole parents of young children said they felt judged and under surveillance by formal social support agencies in a recent study in Australia, identifying that they were most likely to be assisted in everyday non-stigmatising environments (Winkworth et al. 2010).

The Key Practice and Policy Issues

As noted earlier, neglect captures many of the tensions, challenges and complexities of working in child protection because of its definitional variations and ambiguities, and the complexity and uncertainty in operationalising these in real-life situations replete with contextual and cultural considerations. Further, there are a number of pressing questions with regard to severe neglect and the ways in which our practices and policies attempt to deal with it.

For many years sexual and physical abuse has been centre stage in our quest to prevent harm to children, whilst neglect has been largely sidelined, despite its dominant incidence. A clearer focus on neglect entails a broader mission than just micro investigations into families and instead requires an ecological framework to address social structural factors including the drivers of poverty, social exclusion and alienation (Scott 2014). Successful interventions are far more likely to be longer-term programs and service delivery which are based around effective and ethical helping relationships (Dubowitz 2013; QUT and Social Research Centre 2013; Winkworth et al. 2010).

Neglect is a global term with various definitions that mostly entail the assigning of fault to parents/carers, which fits squarely within the individually oriented mandatory reporting regimes of many child protection systems. But neglect entails a wide spectrum of types and forms and much of the limited extant research has often not differentiated in regard to these or even from abuse. We need a stronger research focus to understand better the aetiology and sequelae of the types, spectrum and

forms of neglect and to develop interventions that are more specifically targeted to address particular associated issues and factors. Public health approaches and systems that provide a collaborative joined-up network of services and programs are much more likely to be successful in addressing the multiple facets of neglect and also the intergenerational aspects, such as the damage to familial relationships. Such interagency systems require collaborative communication networks and protocols to facilitate family access to needed resources and services, but may still be problematic (McDonald and Rosier 2011a, b).

A robust evidence base will assist practitioners by indicating what works, when and for whom, but will also help to build confidence about helping approaches and becoming more resilient to the sense of hopelessness that can surround many chronic neglect situations. Knowing more about how best to help places us in a position where we can emphasise the real lifelong benefits of voluntary services and supports that work, rather than enforcing social surveillance through mandatory reports, investigations and enforced behaviour plans that entail many negative impacts. We do not need to go down the path of having improved early intervention and prevention services that are part of an extended social surveillance system that enforces behavioural plans for members of groups deemed troublesome (Featherstone et al. 2013). Rather, we can have accessible and non-stigmatising public health approaches that address the ecological and structural factors at play (Tanner and Turney 2003).

Mandatory reporting regimes are now widespread in the Western world, either by statute or policy/contractual requirement, and they are hard to remove once implemented (Harries and Clare 2002). Yet, neglect is different to abuse of children, notwithstanding that in many cases they coexist. We need to differentiate our responses to these different phenomena and not resile from the task of refining our protective approaches and ensuring that the unintended consequences to mandatory reporting are limited, if not eliminated.

A serious flaw of mandatory reporting regimes, however, is that to a large degree their effectiveness relies upon robust interagency collaboration, system integration, role clarity, clear policy and procedure, regular cross-agency training and mindful management to ensure that the whole system shares responsibility for the welfare of children and providing assistance to struggling families. There is little evidence of this being evident in most jurisdictions, although improvements are occurring. As outlined earlier, there are numerous unintended consequences and critical system failures that require us to rethink the merits of basing our approaches primarily on social surveillance and mandatory reporting of neglect situations rather than providing more accessible help and less blaming and stigmatising through a public health approach that addresses social structural factors.

In this chapter an argument has been put forward to question the utility of mandatory reporting concerning severe neglect and also its less serious manifestations. Misdirecting resources to undertake innumerable fruitless investigations of low-grade neglect might not be the intention of mandatory reporting laws but is nonetheless the result as amply demonstrated by substantiation rates that are now very

low in most jurisdictions. Such a system is counterproductive to children's health and well-being because it impacts negatively on parent's propensity to voluntarily seek assistance and support.

To repeat, what vulnerable and stressed families where neglect is an issue need is mandatory support rather than reporting. Neglect can have profound impacts and in its severe manifestations can result in death, ill health and disablement. Its impacts upon children emotionally, psychologically, relationally and physically can seriously harm their life outcomes. Yet, the aetiology of neglect is quite varied across its different types and forms, being defined in normative processes that in themselves are highly subjective and variable.

The severity and chronicity of neglect often mean that longer-term strength-based interventions are more suitable than intensive investigations that are deficit oriented. Mandatory reporting of neglect can make matters worse than they were, not the least because it reinforces strong negative life narratives of struggling parents/carers. Health, welfare and educational authorities are far better to be 'agents of hope' for struggling families than feared tools of system surveillance (Featherstone et al. 2013).

Perhaps most importantly, mandatory reporting is a key component of risk-averse forensic systems that individualise the factors at play, yet patterns of the resultant statutory intervention have significant associations with inequality, poverty and race, which frequently lead to increasing overrepresentation as children go further into the care system. There are very clear social structural dimensions to neglect that mandatory reporting not only largely ignores, but potentially reinforces. A compassionate civil society has to balance multiple needs and interests, and render aid in ethical and humane ways, that are mindful of the rights of all. Mandatory reporting is a hindrance to these aims and needs to be seriously rethought if it is to play a purposeful and humane role in correctly detecting, discerning and preventing harm to children at significant risk of severe neglect, particularly in its less serious but cumulative forms.

Acknowledgements I am grateful for the discussions and guidance offered by Prof. Nigel Parton, Dr. Debbie Scott and Christopher Boyle, not the least being to try to capture both the macro and micro realities of mandatory reporting of severe neglect.

References

American Humane Society. (2014). *Child neglect*. Washington, DC: American Humane Society. Viewed 6 February 2014 from http://www.americanhumane.org/children/stop-child-abuse/fact-sheets/child-neglect.html

Australian Institute of Family Studies. (2014). *What is child abuse and neglect*? Melbourne: AIFS. Viewed 6 February 2014 from http://www.aifs.gov.au/cfca/pubs/factsheets/a142091/

Australian Institute of Health and Welfare. (2012). *Child Protection Australia 2010–11* (Child Welfare series no. 53, Cat. no. CWS 41). Canberra: AIHW.

Australian Institute of Health and Welfare. (2013). *Child Protection Australia 2011–12* (Child Welfare series no. 55. Cat. no. CWS 43). Canberra: AIHW.

Bilson, A., Cant, R. Harries, M,. & Thorpe, D. (2013). A longitudinal study of children reported to the Department of Child Protection in Western Australia. British Journal of Social Work, 1–21. Advanced access doi:10.1093/bjsw/bct164

Blackstock, C., Trocmé, N., & Bennett, M. (2004). Child maltreatment investigations among aboriginal and non-aboriginal families in Canada: A comparative analysis. *Violence Against Women, 10*(8), 901–916.

Bromfield, L., & Holzer, P. (2008). *Australian Institute of Family Studies Submission to the Special Commission of Inquiry into Child Protection Services in NSW*. Melbourne: Child Protection Clearinghouse, Australian Institute of Family Studies.

Bywaters, P. (2013). Inequalities in child welfare: towards a new policy, research and action agenda. *British Journal of Social Work.* First published online: May 3, 2013, 1-18. doi:10.1093/bjsw/bct079

Carter, V., & Myers, M. (2007). Exploring the risks of substantiated physical neglect related to poverty and parental characteristics: A national sample. *Child and Youth Services Review, 29*(1), 110–121.

Child Trends. (2012). *Child maltreatment*. Viewed 6 July 2013 from http://www.childtrends.org/?indicators=child-maltreatment

Crittenden, P. (1999). Child neglect: Causes and contributors. In H. Dubowitz (Ed.), *Neglected children: Research, practice and policy* (pp. 47–69). Thousand Oaks: Sage.

Cummins, P., Scott, D., & Scales, B. (2012). *Report of the Protecting Victoria's Vulnerable Children Inquiry*. Melbourne: Department of Premier and Cabinet. Retrieved 24 June 2012, from http://www.childprotectioninquiry.vic.gov.au/report-pvvc-inquiry.html

Damashek, A., McDiarmid Nelson, M., & Bonner, B. (2013). Fatal child maltreatment: Characteristics of deaths from physical abuse versus neglect. *Child Abuse & Neglect, 37*(10), 735–744.

Daniel, B., Taylor, J., & Scott, J. (2010). Recognition of neglect and early response. *Child and Family Social Work, 15*, 248–257.

Department of Children and Families Connecticut. (2014). *Definitions of child abuse and neglect*. Hartford, CT: Department of Children and Families Connecticut, Hartford Conneticut. Viewed 6 February 2014 from http://www.ct.gov/dcf/cwp/view.asp?Q=316956

Doolan, I., Najman, J., Mills, R., Cherney, A., & Strathearn, L. (2013). Does child abuse and neglect explain the overrepresentation of Aboriginal and Torres Strait Islander young people in youth detention? Findings from a cohort study. *Child Abuse & Neglect, 37*(5), 303–309.

Dubowitz, H. (Ed.). (1999). *Neglected children: Research, practice and policy*. Thousand Oaks: Sage.

Dubowitz, H. (2007). Understanding and addressing the "neglect of neglect:" Digging into the molehill. *Child Abuse & Neglect, 31*(6), 603–606.

Dubowitz, H. (Ed.). (2012). *World perspectives on child abuse* (10th ed.). Aurora, CO: ISPCAN, Colorado.

Dubowitz, H. (2013). Neglect in children. *Pediatric Annals, 42*(4), 73–77.

Dubowitz, H., Klockner, A., Starr, R., & Black, M. M. (1998). Community and professional definitions of neglect. *Child Maltreatment, 3*(3), 235–243.

Fallon, B., Ma, J., Allan, K., Pillhofer, M., Trocmé, N., & Jud, A. (2013). Opportunities for prevention and intervention with young children: Lessons from the Canadian incidence study of reported child abuse and neglect. *Child and Adolescent Psychiatry and Mental Health, 7*(4), 1–13. doi:http://dx.doi.org/10.1186/1754-2000-7-4

Featherstone, B., Morris, K., & White, S (2013). A marriage made in hell: early intervention meets child protection. *British Journal of Social Work*, Advance access. doi:10.1093/bjsw/bct052

Featherstone, B., White, S., & Morris, K. (2014). *Re-imagining child protection: Towards humane social work with families*. Bristol: Policy Press.

Ferguson, H. (2004). *Protecting children in time: Child abuse, child protection, and the consequences of modernity*. Basingstoke: Palgrave Macmillan.

Finkelhor, D., & Jones, L. (2006). Why have child maltreatment and child victimization declined? *Journal of Social Issues, 62*(4), 685–716.

Gaudin, J. (1999). Child neglect: Short-term and long-term outcomes. In H. Dubowitz (Ed.), *Neglected children: Research, practice and policy* (pp. 89–109). Thousand Oaks: Sage.

Gilbert, R., Kemp, A., Thoburn, J., Sidebotham, P., Radford, L., Glaser, D., & Macmillan, H. L. (2009a). Recognising and responding to child maltreatment. *Lancet, 373*(9658), 167–180.

Gilbert, R., Widom, C., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009b). Burden and consequences of child maltreatment in high-income countries. *Lancet, 373*, 68–81.

Gilbert, N., Parton, N., & Skivenes, M. (2011). *Child protection systems: International trends and orientations*. Oxford: Oxford University Press.

Gilbert, R., Fluke, J., O'Connell, M., Gonzalez-Izquierdo, A., Brownell, M., Gulliver, P., Janson, S., & Sidebotham, P. (2012). Child maltreatment: Variations in trends and policies in six developed countries. *Lancet, 379*, 758–772.

Gillespie, J., Whitford, D., & Abel, M. (2010). Community networking: A policy approach to enhance Aboriginal child welfare in off-reserve communities. *Indigenous Policy Journal, 21*(3), 1–19.

Harries, M., & Clare, M. (2002). Mandatory reporting of child abuse: Evidence and options – Report for the Western Australian Child Protection Council, Perth, Western Australia, Discipline of Social Work and Social Policy, University of Western Australia. Viewed 24 August 2013 from http://www.celt.uwa.edu.au/__data/assets/pdf_file/0009/1102131/MRFinalReport.pdf

Horwath, J. (2007). The missing assessment domain: Personal, professional and organisational factors influencing professional judgements when identifying and referring child neglect. *British Journal of Social Work, 37*, 1285–1303.

Howe, D., Dooley, T., & Hinings, D. (2000). Assessment and decision making in child abuse cases: An attachment perspective. *Child and Family Social Work, 5*, 143–155.

Jonson-Reid, M., Drake, B., & Zhou, P. (2013). Neglect subtypes, race and poverty: Individual, family and service characteristics. *Child Maltreatment, 18*(30).

Kaplan, K. (2013). Child welfare involvement among parents with mental illness. *CW360⁰ the intersection of child welfare and disability: Focus on parents*, 6–7. Retrieved from http://cascw.umn.edu/portfolio-items/cw360-the-intersection-of-child-welfare-and-disability-focus-on-parents/

Kapland, C., & Merkel-Holguin, L. (2008). Another look at the national study on differential response in child welfare. *Protecting Children, 23*(1–2), 5–21.

Kojan, B., & Lonne, B. (2012). A comparison of systems and outcomes for safeguarding children in Australia and Norway. *Child and Family Social Work, 17*(1), 96–107.

Kyte, A., Trocmé, N., & Chamberland, C. (2013). Evaluating where we are at with differential response. *Child Abuse & Neglect, 37*(2–3), 125–132.

LaLiberte, T., & Lightfoot, E. (2013). Parenting with disability. *CW360⁰ the intersection of child welfare and disability: Focus on parents*, 4–5.. Retrieved from http://cascw.umn.edu/portfolio-items/cw360-the-intersection-of-child-welfare-and-disability-focus-on-parents/

Lonne, B., Parton, N., Thomson, J., & Harries, M. (2009). *Reforming child protection*. London: Routledge.

MacLaurin, B., Trocmé, N., Fallon, B., McCormack, M., Pitman, L., Forest, N., Banks, J., Shangreaux, C., & Perrault, E. (2005). *Alberta incidence study of reported child abuse and neglect, AIS-2003: Major findings*. Calgary: University of Calgary.

Mathews, B. (2012). Exploring the contested role of mandatory reporting laws in the identification of severe child abuse and neglect. In M. Freeman (Ed.), *Law and childhood studies: Current legal issues* (pp. 302–338). Oxford University Press: Oxford.

Mathews, B., & Bross, D. (2008). Mandated reporting is still a policy with reason: Empirical evidence and philosophical grounds. *Child Abuse & Neglect, 32*, 511–516.

Mathews, B., & Bross, D. (2014). Using Law to Identify, Manage and Prevent Child Maltreatment. In R. Krugman & J. Korbin (Eds.), *Handbook of Child Maltreatment* (pp. 477–502). Dordrecht: Springer.

Mathews, B., Goddard, C., Lonne, B., Short, S., & Briggs, F. (2009). Developments in Australian laws requiring the reporting of suspected child sexual abuse. *Children Australia, 34*(3), 18–23.

McConnell, D. (2013). The out-of-home placement of children born to parents with intellectual disability. *CW360⁰ the intersection of child welfare and disability: Focus on parents*, 8–9. Retrieved from http://cascw.umn.edu/portfolio-items/cw360-the-intersection-of-child-welfare-and-disability-focus-on-parents/

McDonald, M., & Rosier, K. (2011a). *Interagency collaboration – Part A: What is it, what does it look like, when is it needed and what supports it?* Melbourne: Australian Institute of Family Studies.

McDonald, M., & Rosier, K. (2011b). *Interagency collaboration – Part B: Does collaboration benefit families? Exploring the evidence*. Melbourne: Australian Institute of Family Studies.

McLeigh, J. (2013). How to form alliances with families and communities. *Child Abuse & Neglect, 37*(S), 29–40.

McSherry, D. (2007). Understanding and addressing the "neglect of neglect": Why are we making a molehill out of a mountain? *Child Abuse & Neglect, 31*(6), 607–614.

Melton, G. B. (2005). Mandated reporting: a policy without reason. *Child Abuse & Neglect, 29*(1), 9–18.

Melton, G. B. (2010). Angels watching over us: Child safety and family support in an age of alienation. *American Journal of Orthopsychiatry, 80*(1), 89–95.

Melton, G. B. (2013). Programs aren't enough. *Child Abuse & Neglect, 37*(S), 1–7.

Mennen, F., Kim, K., Sang, J., & Trickett, P. (2010). Child neglect: Definition and identification of youth's experiences in official reports of child maltreatment. *Child Abuse & Neglect, 34*(9), 647–658.

Moran, P. (2009). *Neglect: Research evidence to inform practice*. London: Action for Children.

NSW Ombudsman. (2009). *The death of Ebony: The need for an effective interagency response to children at risk. A special report to Parliament under section 31 of the Ombudsman Act 1974*, Sydney: NSW Ombudsman.

Parton, N. (2006). *Safeguarding childhood: Early Intervention and surveillance in a late modern society*. Basingstoke: Palgrave Macmillan.

Parton, N. (2014). *The politics of child protection: Contemporary developments and future directions*. Basingstoke: Palgrave Macmillan.

Queensland Child Protection Commission of Inquiry. (2013). *Taking responsibility – A roadmap for Queensland Child Protection*. Brisbane: Queensland Child Protection Commission of Inquiry. Viewed 24 August 2013 from http://www.childprotectioninquiry.qld.gov.au/__data/assets/pdf_file/0017/202625/QCPCI-FINAL-REPORT-web-version.pdf

Queensland University of Technology (QUT) & Social Research Centre. (2013). *The child and family services outcomes survey 2012 final report*. Melbourne: Department of Human Services. Viewed 24 August 2013 from http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/the-child-and-family-services-outcomes-survey

Reading, R., Bissell, S., Goldhagen, J., Masson, S., Parton, N., Pais, M. S., Thoburn, J., & Webb, E. (2009). Promotion of children's rights and prevention of maltreatment. *Lancet, 373*, 332–343.

Reder, P., & Duncan, S. (2001). Abusive relationships, care and control conflicts and insecure attachments. *Child Abuse Review, 10*, 411–427.

Saunders, E., Nelson, K., & Landsman, M. (1993). Racial inequality and child neglect: Findings in a metropolitan area. *Child Welfare, 72*(4), 341–354.

Scott, D. (2014). *Understanding child neglect.* Melbourne: Australian Institute of Family Studies. Viewed 3 April 2014 from http://www.aifs.gov.au/cfca/pubs/papers/a146596/index.html

Scott, D., Higgins, D., & Franklin, R. (2012). *The role of supervisory neglect in childhood injury*. Melbourne: Australian Institute of Family Studies. Viewed 14 October 2013 from http://www.aifs.gov.au/cfca/pubs/papers/a142582/cfca08.pdf

Shemmings, D., Shemmings, Y., & Cook, A. (2012). Resistant families and attachment research. *Child and Family Social Work, 17*, 130–137.

Sinha, V., Trocme, N., Fallon, B., & MacLaurin, B. (2010). Understanding the investigation-stage overrepresentation of First Nations children in the child welfare system: An analysis of the First Nations component of the Canadian Incidence Study of Reported Child Abuse and Neglect 2008. *Child Abuse & Neglect, 37*(10), 821–831.

Sinha, V., Trocme, N., Fallon, B., MacLaurin, B., Fast, E., Prokop, S., et al. (2011). *Kiskisik Awasisak: Remember the children. Understanding the overrepresentation of First Nations children in the child welfare system*. Ottawa: Assembly of First Nations.

Steering Committee for the Review of Government Service Provision. (2013). *Report on Government Services 2013, Indigenous compendium*. Canberra: Productivity Commission.

Stein, M., Rees, G., Hicks, L., & Gorin, S. (2009). *Neglected adolescents – Literature review*. London: Department of Children, Schools and Families.

Steinberg, K., Levine, M., & Doueck, H. (1997). Effects of legally mandated child-abuse reports on the therapeutic relationship: A survey of psychotherapists. *American Journal of Orthopsychiatry, 67*(1), 112–122.

Stoltenborgh, M., Bakermans-Kranenburg, M., & van Ijzendoorn, M. (2013). The neglect of child neglect: A meta-analytic review of the prevalence of neglect. *Social Psychiatry and Psychiatric Epidemiology, 48*, 345–355.

Tanner, K., & Turney, D. (2003). What do we know about child neglect? A critical review of the literature and its application to social work practice. *Child and Family Social Work, 8*, 25–34.

US Department of Health and Human Services, Administration on Children Youth and Families. (2010). *Child maltreatment 2010*. Washington, DC: US Government Printing Office.

Welch, G., & Bonner, B. (2013). Fatal child neglect: Characteristics, causation, and strategies for prevention. *Child Abuse & Neglect, 37*(10), 745–752.

Winkworth, G., McArthur, M., Layton, M., Thomson, L., & Wilson, F. (2010). Opportunities lost – Why some parents of young children are not well connected to the service systems designed to assist them. *Australian Social Work, 63*(4), 431–445.

Wood Inquiry. (2008). Report from the Special Commission of Inquiry into Child Protection Services in NSW, Sydney, State of New South Wales. Viewed 24 August 2013 from www.dpc.nsw.gov.au/publications/news/stories/?a=33794