



Action on Neglect

– a resource pack

We would like to thank the practitioners from across services with whom we met for their valuable time, insights and practice expertise. We are also very grateful to those who arranged the practitioner groups for us in their local area.

The areas from which practitioners participated were:

- The London Borough of Barnet
- Bath and North East Somerset
- The Metropolitan Borough of Stockport

We would also like to thank the young people and parents who took part in our two consultative groups and who told us about their experiences and offered their views so openly and enthusiastically. Thanks also to those who arranged these groups for us.

The two consultative groups were arranged through:

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Welcome to the Action on Neglect pack

This resource pack was produced by a small team from the University of Stirling and Action for Children and the University of Dundee and draws on a year long process of knowledge exchange with three groups of practitioners and managers working with children in different areas of England.

In addition to the practitioner groups, the project was supported by two advisory groups - one involving parents who have received help with their parenting and one involving young people who have received support as a result of neglect. These groups gave us insight into the experiences of those who use services and their views on how the early response to the signs of problems could be improved.

Action on Neglect is an Economic and Social Research Council Follow on Fund sponsored project which leads on from the study 'Noticing and Helping the Neglected Child: a systematic literature review' (Daniel et al, 2009) and the subsequent book published in 2011¹.

The Action on Neglect Resource Pack contains materials which aim to ensure that practitioners such as teachers, nurses

and social workers are supported to provide the best possible response to children who are experiencing neglect. Through consultation with the practitioner groups and also with parents and young people who have experienced neglect, it outlines ways in which barriers to providing a timely response and help to children might be overcome.

Using non-jargonised language and keeping the child's experience at the centre of our discussions, we have traced children's pathways through the system. We have mapped what actually happens, rather than what ought to happen, what blocks effective responses and what could be changed. The pack also contains a range of other documents which include useful links to practice tools and research materials.

1. Part of the Safeguarding Children Across Services Research Initiative for the former Department of Health and Department of Children, Schools and Families. The findings from the research were developed in the book by Daniel et al (2011) *Recognizing and Helping the Neglected Child: Evidence-Based Practice for Assessment and Intervention*. London: Jessica Kingsley Publishers

How the process of knowledge exchange worked

Two members of the project team met with the three multi-disciplinary groups of practitioners and managers on four occasions between July 2012 and February 2013. The messages from the study and associated book were used to consider the extent to which current practice equates with evidence from the research.

Composition of practitioner groups

The practitioner groups included managers and practitioners from across services including: Children's Social Care (12); Education (3); health service, for example midwives, health visitors and school nurses (5); targeted family support services (8) and Early Years Services including Children's Centres(7). An LSCB Training Co-ordinator and Parenting Support Staff also attended. The average number at each of the 12 meetings (three areas x 4 meetings) was nine.

The first three meetings focused on the broad headings of identification, response to and help for children and their families, with particular emphasis on the pathways of real children and the factors that help or hinder an effective response. Group members were keen to offer their insights into how this worked in practice on a local basis.

The same two project team members held three discussion groups with both the young people and parent consultation groups. Participants were extremely helpful in telling us about their experiences of help from services and others and making suggestions about what forms of help had been most valuable to them. These views were used to compile the letters from young people and parents which can be found in the pack and which were written with them in the last meeting.

The young people and parents

We met with nine parents at an Action for Children Family Intervention Project, all of whom had current or recent involvement with Children's Social Care services and some of whose children had Child Protection Plans.

We met with four young people aged from 15 - 18 years who were contacted through a Local Authority Children's Participation Project, all of whom had experienced neglect and were now in foster care.

We hope you find the contents of this pack useful when considering the needs of children and their families, whether at a practice or strategic level.

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<http://stir.ac.uk/9b>

<http://www.actionforchildren.org.uk>

Setting the context:

Why do we sometimes struggle to help neglected children?

Action on Neglect aims to ensure that practitioners such as teachers, nurses and social workers are supported to provide the best possible response to children who are experiencing neglect.

Neglect is extremely damaging to children in the short and long term. The experience of neglect affects physical, cognitive and emotional development; friendships, behaviour and opportunities. Child neglect tends to attract less public attention than child sexual abuse, physical abuse and online exploitation. The safeguarding and child protection system in England struggles to provide an effective and swift response to neglected children and all too often children have to endure chronic lack of physical and emotional care over long periods of time before they receive help. And all too often that help is too little, too late.

‘Neglect’ as defined by the official system has become overly complicated and process-bound. A distance has developed between common-sense empathy with the unhappiness of hungry, tired, un-kempt and distressed children and an overly bureaucratic and anxiety-ridden system for reaching out to help them. Much of the emphasis within training and development for practitioners in the universal services is on ‘recognition’ and tends to focus on picking up ‘signs and symptoms’ and making referrals to children’s social care.

The assumption is that they need to be better ‘detectives.’ However, practitioners in universal services are better able to spot both the direct and indirect signs of neglect than they are often

given credit for. They are able to recognise a neglected child or pick up early warning signs.

For example, health visitors are very well equipped to recognise the parental characteristics associated with neglect such as substance misuse, mental health problems and domestic abuse. They are also alert to signs of developmental delay in children. Their anxieties tend to centre on what they can and should do as a result of their concerns because of their own constrained resources and their perception of high thresholds for access to other services.

Many practitioners describe the high levels of anxiety they feel about such children: teachers describe sleepless nights wondering what they should do; health visitors talk of their frustration in trying to make referrals to children’s social care. It can be especially difficult when parents do not appear to appreciate or accept the concerns, or are reluctant to consent to information being shared with others. This presents practitioners with dilemmas about whether to take further action or not¹.

In turn, social workers working within the statutory system are faced with a process whereby the essentially clear task of working out what is going wrong for the child and developing

1. Daniel, B.; Taylor, J. and Scott, J. with Derbyshire, D. and Neilson, D. (2011) *Recognizing and Helping the Neglected Child: Evidence-Based Practice*. London: Jessica Kingsley Publishers

a plan has also become overly complex. In practice, assessment and planning has become associated with bureaucratic demands, complicated computer-based systems, pressure of timescales, fears about risk and difficulties in collating compelling evidence for legal proceedings. Practitioners from a range of disciplines, therefore, find themselves in an emotionally draining and dangerous territory in which they are simultaneously aware of the simple fact that a child needs help and of the complex mechanism that has to be invoked in order to deliver help.

We suggest, instead, that it may be helpful to return to a very sharp focus on the child's needs and ensure that, collectively, we do all in our power to ensure that those needs are met. In many cases the provision of swift support and services in response to early signs of problems will enable struggling parents to provide the care their children need. Empathic initial responses from practitioners, coupled with concrete offers of practical and emotional help, can stave off many future disasters. However, this will not always be the case. There are some parents who are not able to make use of this kind of voluntary support for all sorts of reasons. Some people find it difficult to articulate their need for help, some do not accept that there is a problem, some are very suspicious or frightened of any 'authority' figure and some just cannot change their parenting even though they want to.

A small minority will deliberately evade all professionals and will passively or aggressively resist all attempts to provide help on a voluntary basis. The children living in these families are at particular risk of suffering neglect for too long. A seamless service ensures that practitioners within universal services have the knowledge and support required to identify these kinds of situations quickly and ensures that the children receive the

help they need, via compulsory measures if required. Such a service is authoritative in that it couples empathic support for parents with an unwavering focus on improving children's lives.

Why do we struggle to identify and respond to neglected children?

Practitioners' views

The nature of neglect - failure to meet a child's needs is harder to evidence than more active forms of abuse.

Neglect is often seen as requiring less immediate action than other forms of abuse, so acting on it can be put off for longer.

Parenting can be inconsistent and neglectful at some times and not others; there may be periods of time when parents make positive changes to the way they care for their child. This gives practitioners hope that support can make a difference, so it is provided for longer and then the downward spiral sometimes starts again.

Practitioners have to build a picture of the impact of neglect on the child and this can lead to time delays in taking legal action (although children can receive help in the meantime).

It can be hard to judge when to finally say 'enough is enough' and take action to remove a child.



Noticing and helping the neglected child

Literature review

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Jane Scott, Centre for Child and Family Research, University of Loughborough

Introduction

This study is one of a series of projects jointly commissioned by the Department for Children, Schools and Families and the Department of Health to improve the evidence base on recognition, effective intervention and inter-agency working in child abuse and focuses on recognition of neglect. Despite increased awareness of the effects of neglect, recognition of neglect is inconsistent and referrals to services are often triggered by other events or concerns about vulnerable children. This literature review aimed to provide a synthesis of the existing empirical evidence about the ways in which children and families signal their need for help, how those signals are recognised and responded to and whether response could be swifter.

Key Findings

- There is a considerable amount of evidence to assist identifying ways in which children and parents indirectly signal their needs for help. There is far less evidence about how children and parents directly signal their need for help. There is limited evidence to help understand whether parents try and fail to seek help or whether they tend not to seek help from professionals.
- The evidence about parental characteristics associated with neglect was complex and few clear cut pathways identified. The overwhelming effect of poverty was a strong feature as was the corrosive power of an accumulation of adverse factors. The evidence confirmed that neglect affects children's development to an extent that signs should be apparent to professionals. Indirect signs could be identified in a range of settings, for example, in a burns unit of a hospital.
- There are differences between professionals' views of neglect and those of the general public, with the general public setting higher standards for children's care. Operational definitions can affect the number of children receiving a service. Such variations potentially contribute to concerns over different thresholds.
- The most direct evidence of the capacity of professionals to recognise neglect relates to health staff, especially health visitors. The concerns of health staff were not about their capacity to recognise signs of neglect, but rather about the most appropriate response and access to resources for children. Studies of social workers tended to focus on response to referrals.
- There is limited evidence on whether detection could be earlier but some overseas studies suggest it can be done with appropriate training, protocols for communication and provision of support and guidance for practitioners.
- There is very little research about children's and parents' views about how they would seek help, what kind of support would be most helpful and what factors hamper access to support services.

Background

Awareness of child neglect and its consequences on the future well being and development of children has increased during the last two decades. During this time, considerable resources have been deployed to tackling the problem, but not always to best effect. Despite increased awareness of the effects of neglect, recognition of neglect is inconsistent and referrals to services are often triggered by other events or concerns about vulnerable children. This is partly due to a lack of 'fit' between the needs for assistance of parents and children, the way that need is signalled and expressed, and the way professionals respond. Children who are neglected and their parents are unlikely to directly seek help from 'child protection' or 'safeguarding' services or, indeed, more informal 'family support' services offered by the state or other organizations.

This systematic review of the literature examined the evidence on the extent to which practitioners are equipped to recognise and

respond to the indications that a child's needs are likely to be, or are being neglected, whatever the cause. It considered published evidence about the ways in which children and families signal their need for help, how those signals are recognised and responded to and whether response could be swifter.

Aims

The primary aim was to contribute to the evidence base that equips practitioners and organisations with the information they need to be able and willing to recognise that a child's needs are not being met, or are in danger of being unmet, and consider themselves to be part of a protective network around children.

The research questions were:

1. What is known about the ways in which children and families directly and indirectly signal their need for help?
2. To what extent are practitioners equipped to recognise and respond to the indications that a child's needs are likely to be, or are being neglected, whatever the cause?

3. Does the evidence suggest that professional response could be swifter?

Methodology

The method was based on systematic review guidelines. The search strategy was devised to locate national and international primary research studies published in English from 1995-2005. A total of 14 bibliographic databases were searched and yielded 20,480 possible items for inclusion. A systematic process of removing duplicates, initial screening, more detailed abstract filtering and scoring for method yielded 63 papers of sufficient quality for inclusion.

Findings

Quality of research

A number of common methodological issues were identified that could help inform further research. For example, there was a tendency for studies to use a range of proxy measures rather than direct observation of the outcome of interest. Many of the studies were small scale, retrospective in design and used qualitative methodology. Only two of the included studies were RCTs. Many studies conflated neglect and other forms of maltreatment and it was often difficult to extract specific messages for neglect. A wide range of different outcome measures were used, we identified more than 74 separate measures across the studies.

What is known about the ways in which children and families directly and indirectly signal their need for help?

Overall our analysis showed that there is a little evidence about the ways in which children and families directly signal their need for help but a considerable amount of evidence to assist with identifying the ways in which needs may be signalled indirectly. There were indications that parents may be able to articulate anxieties about their capacity if asked and that parents who misuse substances are often aware of the potential harm to their children. Children have been shown to respond appropriately to a creative, computer-based self-report method. There was limited evidence to help with understanding whether parents whose children are neglected try and fail to seek help, or whether they tend not to seek help

from professionals. The evidence suggested that it should not be assumed that parents or children will seek help in response to experiencing the factors associated with neglect. The evidence about parental characteristics associated with neglect was very complex and few clear cut pathways were identified, although parental substance misuse was confirmed as an important factor in neglect. Research focused almost exclusively on mothers. The ecological model was confirmed as a powerful framework for locating the range of factors that can signal the potential for neglect. The significance of parental past experiences indicates the need to apply the ecological framework to past as well as to present events. The evidence suggested that children may show behavioural signs of neglect by the age of three. Psychological neglect was shown to be particularly damaging. Again, though, the evidence suggested that it is not possible to pinpoint very specific links between neglectful parenting and particular effects on children.

To what extent are practitioners equipped to recognise and respond to the indications that a child's needs are likely to be, or are being neglected, whatever the cause?

The evidence confirmed that professionals tend to have higher thresholds for identifying neglect than the general public. It was clear that operational factors affect thresholds for both support and for service provision. The most extensive evidence about recognition and response related to the health profession, and in particular health visitors. The evidence suggested that health visitors are very well equipped to recognise the parental characteristics associated with neglect and the developmental signs in children. Their anxieties centred on what they should do as a result of their concerns because of their perception of high thresholds for access to services. There was also uncertainty about the extents and limits of their role. There was a striking absence of rigorous studies into the role of schools and teachers in recognising early signs of neglect.

Many studies allude to the importance of schools and teachers; many studies allude to the severe impact of neglect upon cognitive development, but we found very little empirical research on neglected children and the ways in which they engage or not with schools and education. Similarly, the role

of the police was explicitly referred to in only one study. This is a gap because many factors associated with neglect are also likely to entail potential police contact with a family.

Does the evidence suggest that professional response could be swifter?

The evidence about the barriers supports the importance of developing more effective integrated approaches to children where all professions regard themselves as part of the child well-being system. The evidence also suggests that protocols and guidelines are not a sufficient spur to response. Human issues such as trust, relationships, communication, anxiety, fear and confidence affect willingness to act on concerns. Many studies referred to the importance of training as a mechanism to raise awareness, but there was very little evidence about the impact of training on outcomes for children. There was evidence that widespread training when coupled with access to on-going consultation and support could increase recognition and referral of child abuse and neglect.

Implications for practice, policy and research

The review of the literature suggested that the current policy initiatives are, in the main, congruent with the emergent evidence base about children's developmental needs and the proximal and distal factors that affect parenting capacity. The review also suggested that many professionals have the knowledge and skills required to respond to children who may be neglected. The area about which there is less evidence is how public and voluntary services can best ensure that children's developmental needs are met whatever the level of parental capacity.

Finally, the biggest gap in evidence we identified related to the views of parents and, even more, of children. Attempts to develop a swifter response to neglect must be informed by the views of parents and children about what would help. Key messages include:

Practice

- Practitioners from all professions should be proactive in seeking creative and supportive ways to ask people about

their parenting concerns, (for example, with the use of structured questionnaires) and children about their experiences (for example using computer-based techniques).

- Assessment should focus on the accumulation of stressors and incorporate an historical element.
- Practitioners now need to develop networks built on trust and mutual aims in order to ensure that children can access all the services they require.
- Practitioners must work closely with parents in determining the levels of risk that parents themselves can often identify
- Health Visitors should continue to draw upon their clinical and assessment skills when working with parents with young children rather than seek the false reassurance of predictive checklists.

Policy

- Resources and guidance concerning best practice in creating trusting environments is needed.
- Policy initiatives aimed to improve engagement with 'hard to reach' parents should be complemented by strategies to ensure that services are not 'hard to access.'
- Policy should prioritise the support of good assessment skills rather than the development of predictive 'tools.'
- As the Health Visitor role in intensive family support develops, a much clearer framework as to the limits and extents of the role will be required.
- Policy that places schools at the heart of early intervention must acknowledge that there is a paucity of evidence about the most effective way for this role to be undertaken.

Research

- The research priority should move from a preoccupation with prediction towards examining the features that contribute to accurate assessment and planning.
- Research with children at risk of neglect should now focus on examining parents and children's views, help-seeking behaviour and effective intervention rather than continuing to delineate the effects of neglect.
- There is potential for research that examines the processes of integrated teams, rather than the large number of studies that focus on team structures.
- There is a need for more research on the role of the police and a comprehensive programme of research aimed at providing schools and teachers with the evidence they need to underpin the pivotal role that is envisaged for them in safeguarding children from neglect.

Additional Information

Further information about this research can be obtained from Isabella Craig, 4FL-ARD, DCSF, Sanctuary Buildings, Great Smith Street, London SW1P 3BT

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The views expressed in this report are those of the authors' and do not necessarily reflect those of the Department for Children, Schools and Families.

Information about other studies which are part of the Safeguarding Children Research Initiative can be found at <http://tcru.ioe.ac.uk/scri/>



Section A

The views of young people and parents

Views of the young people

The young people who formed one of the consultative groups for the project told us what they thought neglect meant from their own experiences.

WHAT IS NEGLECT?

- Not enough love
- Parents and step-parents not spending time with me
- Parents and step-parents having no interest in me
- Not being able to confide in my mum or dad
- Having to look after brothers and sisters – you end up doing your parents' job, the responsibility is passed to you
- Parents have no interest in school and not going to parent's nights; not helping with homework
- Parents have no control
- Parents neglect themselves
- The parent can't care – they may be stressed from moving around a lot
- Messy hair and clothes – you get judged for your appearance
- It's one thing to say they love you but they have to do things to show it
- There are no guidelines for parenting
- Love is a doing word

WHAT NEGLECT FEELS LIKE

- You have to put up a pretence – once in care you feel you are breaking through that barrier, you can be yourself and feel more confident, care makes you come out of your shell
- You cover up your feelings
- It's hard having no friends and other kids don't realise how difficult that is
- Having friends helps but you don't like upsetting your friends when you talk about it so you try not to very much
- You get the mickey taken out of you but you blame yourself, not your parents
- At school, you can't concentrate on the subject because things are bad in your life and then you feel it's unfair because you get told off
- At school a boy shouted at me that I was from a bad family, so then I didn't want people to know. Another girl told everyone and then I got the mickey taken out of me
- Feeling it was too crowded in our house, too chaotic, not enough money and like having two families – my parents in one and me and my brother in the other
- I didn't think about it much at the time, but when I look back I think it shouldn't have happened

This is what the young people in our consultative group would like to say to professionals and adults who want to help them.

Dear Des the professional,

We know that many of you try to help us but sometimes you can have the opposite effect, so here are our thoughts about how you can best do it. Firstly, don't make assumptions about us, our situation and stories – we are more than what you read in our case files and you can't always believe everything that's in them. You do know some things about us but probably not all, although you sometimes seem to think you do. Our situations can be complex and may be hard for you to understand, so you need to take time to get to know us as individual human beings.

We need to be helped to find the right person to open up to - although most people can learn to relate to us well if they have the right personality. You need to be approachable and have a normal conversation with us; we like you to be professional but not cold. You need to be straightforward with us and not give us cryptic or confusing messages. And if possible, not write things down when you're talking to us.

Sometimes you take what we say the wrong way or act like it's a joke – you need to take us seriously and really LISTEN. Please don't say bad things about our parents to us, even if you think they have been 'bad' parents. But listen to us if we say things against them, because we lived with them and know what it was like. And also don't make us feel that everything's our fault.

We need to have people's jobs explained to us. Who are they? What is their role? Why and how might they help us?

Social workers – there are so many of them! Why can't we just have one?

What we would like is a social worker who cares but doesn't try too hard – social workers sometimes get a bit clingy and over-do it, making us feel stifled. And they can ask too many questions and the kind of things they ask can be difficult to answer. Some are quite intimidating and others are too informal and chatty and it makes us wonder if they are any good and know what they are doing. A good one asks you want you want and tries to help you get it; some asked our parents what they wanted but they didn't ask us.

Social work laws and procedures sometimes make things change for us but they can also create more problems and get in the way of helping us. For example, Looked After Children Reviews are held too often if things are going well in our lives. We don't want to be going through all that intrusion in our lives more often than necessary.

Some of us had family support workers and some of them could have helped our family more. For example some of us played a game where you pick up a card with an emotion on it and then we had to tell our parents how we felt in certain situations or how they made us feel. Then when the family support worker left we had big family arguments about it. So it's not a good idea to open up feelings and then just leave – everyone shouts at each other and then we're all upset. Some of us had family support for years and years and it didn't really help us much. Please respect our views if we don't want to have this sort of help.

Some parents can change and others can't. Some are given too many chances and we are left too long at home. But when we do have to be moved you need to give us clear explanations about why or we will blame the care service. In some cases parents are just overwhelmed with their problems and we're not sure if anything could have really helped them to look after us better. Although some do not get enough chance to change – it depends on the individual circumstances.

Sometimes some of us run away from home and school: you need to realise that we're trying to tell you something when we do this. Try asking something other than 'are there any problems?' because we'll probably just say no. And if we don't want to talk to our parents about the problems, please don't make me.

We'd like you to listen and look out for signs of children being in need of attention – like being bullied or showing behaviour that is risky for them.

When we go into care, we often put ourselves down a lot. But if we get a good match, with the right foster carers, it's really good and better than being at home with someone who can't look after us.

The right foster carers are ones who like you and show an interest in you, make an effort, focus on you more and ask your opinions like what music you want to listen to in the car. Some are better than others and you either get on or you don't – you have to like or even love each other. Some children love being in care because it's made such a difference to them. But we need to realise that it's down to us to change ourselves, mainly.

'I regret the past but not where the past has brought me to; being in care has changed me in a good way'.

There are other people who try to help us, like teachers. Some of them could do be more understanding about things like why we don't have our PE kit and haven't done our homework – they need to ask us why and not just tell us off. Sometimes teachers are not there for us when we need them but can be there too much when we don't. Then they want to know everything, whereas sometimes we need a bit of space. Teachers need more training in this or we need a support worker at school we can talk to.

We can feel overwhelmed at school and get panic attacks - we need a quiet room or somewhere to de-stress. The medical room can be ok but is usually not very relaxing and in some schools other pupils can see that you're going there and wonder why.

Personal Education Plans (PEPs) can be a good thing for some young people but can be too intrusive if we are doing well and don't really need one. We have to have a PEP because we're in Care and people expect that we need one just because of that, when we may be doing fine with our school work. We'd rather not be treated differently to other young people because other people at school then ask us why we are having meetings.

Youth workers can be good - some of them we turn to because they are usually understanding and not patronising. They don't ask too many questions and yet you can tell them things, maybe because you chose to. You can shut them off easier when they bug you!

Some of us have been helped by CAMHS staff whereas some say they were hideous and just asked 'why are you here?' Some of us have been labelled as having Asperger's or autism and this can help (or sometimes not) but it needs to be explained to us properly.

You adults need to recognise the importance of our friends to us; for some of us our friends were the only people we could talk to before we went into Care. But we need to choose our own friends. It's hard for some of us to socialise and make new friends – you need to see that we all manage this in different ways and help us with this. Sometimes we feel pushed into making friends.

And it is really good to get to know other kids in Care because they know what we're going through.

So please listen to what we have said in this letter and take our advice – it will make it easier for everyone – for us and for you.

Thanks,

The young people.

Views of parents

The parents who formed one of the consultative groups for the project told us what they thought neglect meant.

WHAT IS NEGLECT?

- It's like you see on the NSPCC adverts on television
- It's when children are under-weight and dirty
- It's not having enough money to give them the right healthy food and giving them pasta all the time
- It's when they hear a lot of bad language in the house or there's a violent and abusive man
- It can be because of parents using drugs and drinking too much
- The emotional effect on children of parents separating or one parent being very ill
- Because there's not enough rules about what children are allowed to do (but also sometimes too many – hard to get it right); children in 2012 are coming under lots of influences out in the world and are not accepting rules very well
- Also children can be on a Child Protection Plan because other relatives who come to the house are unsafe for children
- Children going to strangers too easily or being too clingy

This is what the parents in our consultative group want to say to professionals who try to help them.

Dear Denise the professional,

First of all, try to put yourselves in our shoes. It's hard when you feel that your life is not your own and that you have no control over what happens to you and your children.

The important thing to realise is that sometimes parents haven't had very good childhoods themselves. Some of us don't know what children need from their parents - we don't know how to look after them very well or how to play with them. So we need clear information and advice and we need you to use language that makes sense to us.

It's hard for us to know where to go for help when things start to get difficult. Sometimes we ask for help for ourselves so we can look after our children better but this is sometimes taken the wrong way and people think that we are putting ourselves first.

Some of us need help earlier on than we get it and the places we can go to for help need to be advertised, so we know about them. We need help BEFORE we have a crisis. Although sometimes you wish you'd never asked for help because everything you do is put under the spotlight.

The first impression we get when we meet you is very important. Whether you speak to us clearly and respectfully and whether you show an interest in us and our children as individuals. We would like you to listen to us and talk with us rather than at us.

We sometimes feel patronised and made to feel small by professionals, especially if we're young and we didn't have good parents ourselves. Sometimes, you make us feel that we can't ever be a good parent. We need encouragement so we don't end up feeling that we'll never move forward. And sometimes you give us confusing messages like saying our houses should be clean and tidy but then we're wrong because we haven't got toys out on the floor. Try to criticise us constructively - but not bring us down too much, life can be stressful and difficult enough for us as it is.

We always imagine that you professionals have a 'perfect life' where nothing ever goes wrong.

Some social workers are good - often the student social workers who have more time to spend with us. The best ones understand why we are stressed, are straight with us and encourage us when we do well. When they go out of our lives we really miss them. But we do feel that we're almost too scared to be happy because it could all come crashing down.

There are things we find hard about social work meetings. For a start, we're never asked when the best time is for us to attend a meeting about us and usually the last to be told if the meeting time changes. It's horrible when all the professionals sit around laughing and chatting when your life is falling apart. And the meetings can be big and embarrassing for us, especially when we are asked about new boyfriends and other very personal things. We think that often it's the mothers who are the ones put too much under the spotlight and the fathers seem to be left alone, even if they are the violent and dangerous ones.

We also don't like it when people come to meetings to talk about our children when they've never even met them or don't know them well enough to give their opinions. We could do with a spokesperson for us, to help us speak up.

But we'd like you to know that, even though it can be a pain at the time and we may really hate you when you're on our backs, some of us look back and think that the threat of Child Protection Plans and having our children taken away did make a difference to us and made us get our act together. And also having to go to Child Protection meetings meant that people did their jobs properly and did what they said they would. This doesn't always happen after other meetings.

The best kind of help is what some family projects are able to do for us - that is, understand our problems and talk over the important things we can do for our children. And also help us with practical things like housing and sorting out our bills. Some courses they lay on can also be good, like the Parenting Courses, when you meet other people in the same situation as yourself and learn how to have routines and be a less uptight parent. It would be better to get this sort of help without Children's Social Care having to organise it - it shouldn't have to get to the point where it's that bad.

It's also good to have someone to call on at non-office times like evenings and week-ends. It's best when people can spend time with us and are not rushing off - that makes us feel like we're just a statistic and another thing on the 'to-do list', that it's just about filling in the paperwork.

It can be a bit confusing and stressful though when we have too many appointments to keep and we feel bounced about between so many different services and staff. They keep changing all the time or someone else is sent if ours is off. Then we have to tell our story over and over again to different people. And it's annoying when people don't turn up for visits when they said they would.

We think that there's not always good enough communication between staff from different services - sometimes they don't know what one another is doing or saying.

Who else has helped us? Some health visitors are good and have given us good advice, others have been quite judgmental. Teachers vary a lot - some can be quite intimidating or may pick up on all the wrong things and talk to others about us behind our backs. But the best ones are the ones who listen to us, are available when we need them and understand things like why the children are late for school. Some have 'stuck by us' and they can pick up on things and ring social workers for us when we need help. It's also useful to get notes in a log book about how the children have been in school that day.

Finally, I don't need to be told that I'm a bad parent (that's how it feels even if there are different ways to say it). I know that I could have done better. But what I need you to do is offer me hope.

Thanks,

Sue.

How children seek help – what do we know?

We know more about why children and young people do not seek help than how they seek it and what makes this easier for them. Some research has been done which tells us how they find other ways to cope, in both positive and negative ways.

Gorin study (2004)

Reasons for not seeking help: fear of the abuser, fear of the consequences, fear of not being believed and fear of loss of control.

Coping mechanisms: avoidance/distraction; self-protection and/or inaction; confrontation and risk-taking including self-harm; help-seeking and action (usually from informal sources – friends, extended family, sometimes police, for example if domestic violence occurring at home and girls more likely to seek informal help than boys). .

Key messages

- There is incongruence between children's needs and our investigative system which means that all concerns must be reported and referred; children are often too fearful to ask for help unless they feel able to confide in friends or have other informal supports.
- Children are more likely to speak to adults who appear to care about them and who will listen without taking precipitate action.

So children often have to signal their need for help – what do we know about how they do this?

We know the signs of neglect and it can be helpful to consider this in terms of unmet needs. In some cases children will show signs of resilience or have resilience-promoting factors in their lives – we need to be careful that this is not a type of 'false resilience' which covers up needs which are not being met.

Key messages

- Any signs of delayed development in any domain should arouse the curiosity and concern of practitioners.
- Cognitive development can be seriously impaired by neglect and the cumulative harm can be manifested in serious problems in school and during adolescence.

Neglecting the Issue (2011) Burgess and Daniel

Signs that help may be needed:

- A child being underweight (or grossly overweight), having persistent infections, being late in developing abilities such as walking and being tired and listless
- Cognitive difficulties such as language delay, poor intellectual ability and inability to concentrate or express feelings
- Physical injuries as a result of accidents, due to lack of care or supervision

Emotional signs:

- The bonding between child and care-giver potentially being affected and leading to insecure attachment problems
- Low self-esteem and self-regard, anxiety and depression, over-compliance or anger
- Difficulties in seeking emotional support from adults

Social signs:

- Social isolation due to difficulties in forming and keeping friendships, being bullied or being ignored by peers
- Behaviour difficulties which can make managing the school environment hard
- Poor school attendance and attainment
- Becoming involved in risky behaviours such as substance misuse, criminal activity and sexually exploitative relationships
- Self-harm and suicide attempts AND difficulties in forming relationships

How parents seek help – what do we know?

We know that parents find it hard to ask for help; we are starting to gather more evidence about how we can put this right.

The reasons for not seeking help are very similar to children's: fear; shame; worrying about what will happen next and loss of control. However, when they do ask for help, many parents do not receive it.

Tunstill and Aldgate study (2000)

- Many families had been struggling for a long time with a high level of need before approaching social services.
- Those who were professionally referred had more chance of getting a service than those who approached Social Services themselves.
- A third of the families received no services. The most requested form of help, social work support, was least likely to be met.
- The benefits anticipated and obtained by families were stress relief, help with child development, improved family relationships and alleviation of practical problems.
- The main needs expressed by children were for support, help with schooling and resolution of family conflict.

Key messages

- Practitioners from all professions need to be proactive in seeking creative and supportive ways to ask people about their parenting worries.
- Universal service staff or other trusted adult can act as 'brokers' and space for negotiation – a confidential space.

- We need to know more about effective practice with fathers to understand the factors which impede their self-efficacy in the parenting role.

Parents also signal that they are not coping with looking after their children

There are many studies and practice-based frameworks which outline the risk factors linked to parent's circumstances and life experiences and also wider community factors which may influence how they care for their children. We need to view these in the round, look at the interactions between them and be particularly alert when there are multiple risks present.

Key messages

- The evidence supports practice wisdom about the associations between neglect and parental factors such as substance misuse, mental health problems & domestic abuse. These factors usually occur against a backdrop of poverty.
- Assessment should focus on the accumulation of stressors and incorporate an historical element.

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Section B

How can we help?

Family 1: the Curtis family

(children under five)

What did neglect probably feel like to the children?

Jake – *“No-one talks to me at nursery and they don’t want to play with me – they say I’m smelly”*

Kelly – *“I’m sore, uncomfortable and frightened when mum and dad argue”*

Jake is three years old and has just started attending the school nursery, although there are days when he doesn’t go or is very late. The staff are worried about Jake’s behaviour, as he runs around a lot and is not able to settle or relax. His physical condition is not good either – he often seems hungry and his clothes are old, smelly and too small for him.

How did the children probably experience the help?

Jake – *“Lots of new people are coming to our house, but they talk to me and they’re kind to me – but my dad sometimes gets angry after they go”*

“I like nursery now that I have some friends”

“My room is getting cleaner and I have some toys now”

“Sometimes my mum talks to me but not all the time”

Jake, Kelly and the new baby are helped because

- The nursery is aware of the family situation and can ensure Jake is clean, fed and given opportunities to concentrate, develop his interests and learn how to play with others.
- There are now people going into their home to keep an eye on the conditions and see how both children are cared for when they are at home.

Initial response

The nursery staff have a chat with Sue, the children’s mother, who is expecting another baby in three months and also has a two-year old child, Kelly, to try to find out if she has help from extended family or friends, given the current demands on her. Sue says that the family, including the children’s father, Bob, has just moved from another area and that they are coping fine.

The nursery staff phone the Consultation Line at the local Children’s Social Care Services office to see if they have had contact with the family. They do not know them but the social worker suggest that nursery staff contact the midwife at the family’s GP practice to see if she or the health visitor can visit the family home and offer support.

The GP practice has a specialist health visitor who arranges to talk informally with Sue at the nursery with Jake’s nursery teacher. Sue reluctantly agrees that the health visitor can come to the house to talk about Kelly attending the local Children’s Centre so that she can have a rest during the day. The visit takes place and Bob is quite hostile initially although not aggressive, and although he likes the idea of Kelly going to the Children’s Centre ‘to get some peace’, he makes it clear that he resents the health visitor intruding. The health visitor listens to what the parents say but is also clear that all the family would benefit from help, particularly the children. The family seem to have little money – the house has little furniture, is quite dirty and smells strongly of alcohol.

How did the children probably experience the help?

Kelly – *“I go to the Play centre and have more cuddles there”*

Jake – *“Lots of new people are coming to our house, but they talk to me and they’re kind to me – but my dad sometimes gets angry after they go”*

“I like nursery now that I have some friends”

“My room is getting cleaner and I have some toys now”

“Sometimes my mum talks to me but not all the time”

- Kelly has new adults and other children in her life at the Children’s Centre and has more stimulation through play and conversation.
- The family support worker is helping Sue and Bob to improve the conditions at home – she is able to make them feel at ease while doing this.
- Sue is more rested and is starting to enjoy meeting other parents and friendly staff at the Children’s Centre – this makes her a happier mother and she is more attentive to the children.

On-going response

Supports put in place are:

Fortnightly visits from the health visitor – monitoring how things are in the house and offering advice about caring for small children and building in family routines.

Attendance three times weekly at a Play Group for Kelly and a support group for pregnant mothers, both at the Children’s Centre.

A family support worker visits fortnightly – she models parenting and playing with children and offers practical help such as obtaining furniture, clothes, budgeting & shopping. She does this in a way which is not embarrassing for Sue and Bob.

The family support worker encourages to Bob to attend Alcohol Counselling.

What worked well for the children?

- Help was put in place quickly
- There were a range of adults making sure they are safe and giving them attention and stimulation

What worked well for Sue?

- Supports were put in place quickly and informally
- Supportive relationships were built with professionals; there was continuity of staff
- Practical help with managing money and improving the living conditions
- Fairly intensive support, from the health visitor and family support worker
- Peer support at the Children’s Centre
- Informal encouragement for Bob to consider alcohol counselling

What could have worked better?

- The capacity of services to maintain the level of support the family are likely to require for a lengthy period.

Family 2: the Davis family

(children under five)

What did neglect probably feel like to the children?

"We're frightened, anxious and our mother doesn't take much notice of us" (not verbalised due to their age)

Colin, aged 3 and Natalie, aged 12 months are at home with their mother Pauline when her Community Psychiatric Nurse (CPN) first visits to offer support when Pauline is experiencing acute depression. Both children are very withdrawn and cling to their mother. The CPN is worried that Pauline is not giving the children much attention.

Initial response

The children are under the radar until the CPN visits.

At this point someone notices that the children and their mother need help.

The CPN phones the local health visitor to see if she has had contact with the family.

The health visitor had not met the family before and goes to visit Pauline to make sure the children are safe and to see what supports can be put in place.

At this point initial help is offered

Pauline agrees that she needs help and an assessment form (CAF) is started to look at what Pauline thinks her problems are, what the children need and what might help.

At this stage the professionals are forming an idea of what the children and their mother need

How did the children probably experience the help?

"The lady talked to us and played with our toys with us – it was scary at first but then we liked it"

The children find it hard to respond to the health visitor when she talks to them and Pauline is also wary of her at first but, because she has a sympathetic manner, Pauline gradually starts to trust her and open up to her. Pauline says she does not get on with her mother and has few supports.

After three months a meeting is called of professionals who can offer supports to Pauline and direct help to the children (Team Around the Family). Although Pauline is initially anxious about the meeting, she attends and finds it helpful and supportive.

On-going response

The following is in place for nine months:

The Community Psychiatric Nurse visits fortnightly to talk with Pauline and monitor her depression and anxiety.

How did the children probably experience the help?

"I miss my mummy when we're at nursery"

"It's confusing – mummy looks after us sometimes and not others"

"Different people come to our house and talk to us"

Colin and Natalie are helped because:

- They go to the Children's Centre twice a week where they get to play with staff and other children.
- An outreach worker comes from the Children's Centre to their home to show Pauline how to play with them.
- There are people visiting the house regularly to see that they are safe and well.

How did the children probably experience moving to their grandmother?

"Our mum isn't here all the time – we're scared"

"Our granny talks to us and sometimes reads to us"

"We always go to the play place now"

Within a year the children are in a shared-care arrangement with their mother and their maternal grand-mother.

The health visitor visits fortnightly to advise Pauline on the care of the children; an assessment of Pauline's capacity to care for the children is completed.

Pauline shows that she can care for the children at times but there are increasing worries about her mental health and the impact of this on the children. Social workers complete Child in Need assessments. Pauline's mother starts to have more contact with the family.

What worked well for the children?

Some immediate help was put in place for them fairly quickly.

The perspectives of staff from different agencies combined to assess the impact on the children of Pauline's inability to care for them and make changes quickly enough for them (despite her wanting to do so).

The children were able to stay with their mother part of the time and retain their relationship with her. The involvement of their grandmother meant they received more consistent care.

What worked well for Pauline?

Good relationships were built between Pauline, the children and the professionals involved with the family which meant that Pauline felt supported and understood.

There was intensive help from three services to try to help Pauline to recognise and meet the children's needs.

What could have worked better?

There was initial delay in setting up a TAC meeting and agreeing roles & responsibilities (including frequency and the aims of the support sessions at the family home).

A tighter time-frame during which Pauline could demonstrate her ability to care for the children would have reduced the time that they suffered harm due to on-going neglect.

Family 3: the Roberts family

(primary age children)

What did neglect probably feel like to the children?

Jason – “I’m mad at my parents for drinking and sitting around”

“Mum and dad never show any interest in what we do”

“I have to do a lot in the house and get food for Mark and me” “we’ve never got any money”

Mark – “I’m scared that my mum and dad will get ill – what will happen to us then?”

“We never do anything, not like other kids do with their families”

“School is horrible – it makes me angry and no-one likes me”

Jason, aged 11 and Mark, aged 7

are brothers. Jason is due to move to secondary school in a few months but his teacher has noticed that he is showing signs of anxiety about it. Mark is finding it increasingly hard to settle in class and is not getting on with other children. He has always been quiet but recently he is easily distressed, moody and has a short fuse.

Initial response

Although teachers have felt uneasy about the boys for some time, there’s not been enough to act on.

At this point it becomes clear that the boys need more help.

Jason and Mark’s class teachers talk with them about any worries they have about things at home. The boys say their mother is unhappy, there are lots of arguments between their parents and the neighbours come in and complain a lot. They say that their parents sleep all day. There are suspicions that there could be drugs being used in the house, although the boys don’t say so directly.

The teachers make a referral to the Children’s Social Care duty team who have information about previous

contacts with the family when the boys were small. There have been recent referrals from neighbours to the Housing Department Anti-social Behaviour Team because of noisy arguments in the house.

At this point initial help is offered

School staff offer extra help to the boys by finding ways for Mark to mix more with his peers at playtimes and in school clubs and after-school activities; they try to build his confidence through tasks in the classroom. They make opportunities for both boys to talk over their worries with Jason’s class teacher, who he gets on well with.

It is decided that school staff will start the CAF process and lead a meeting (Team Around the Child or TAC), if the

family agree, to see what help might be provided for the family. A social worker and the school Parent Support Worker visit the boys’ parents Chris and Sarah to talk this over and they very reluctantly agreed to complete the form and attend the TAC. Both practitioners are good at preparing them for the meeting so they know what to expect.

At this point the professionals are beginning to form an idea of what the boys need.

How did the children probably experience the help?

Jason – *"I've got an adult to talk to who seems to understand"*

"People are speaking to my mum and dad and trying to help them"

"I'm worried that Mark and I might get taken away though"

"My mum sometimes sleeps less and we do get some meals and clean clothes – she's trying at least"

Mark – *"There's a bit less arguing and noise in the house"*

"The teachers are kind to me"

"Other children talk to me – I'm not so uptight"

"I like helping the teacher in class, but only if others do it to"

Jason and Mark are helped because:

The school is able to form a plan to make some immediate improvements to the boys' situation. They start to enjoy school more and it helps that there are adults to talk to. There are now adults visiting the house who can check how things are at home for the boys and Jason feels less responsibility for himself and Mark. The boys notice some changes at home as their parents try to do some of the things that practitioners working with them suggest.

On-going response

Supports are put in place shortly after the TAC and include:

- Parenting classes arranged by the school Parent Support Worker.
- Drug and alcohol counselling for both parents.
- Continued fortnightly support at home from the Parent Support Worker.

There are times when Chris and Sarah are out when practitioners call or they don't always go to the parenting classes or attend appointments. Although Sarah and Chris accept some support this is erratic and there are doubts as to whether the changes they are making in the ways they care for the boys enough to have sufficient impact on them.

It is agreed through the Family (TAC) meeting that a social worker from children's social care will start an Initial Assessment to see if the boys are 'Children in Need'. The Parenting Support Worker continues to visit Chris and Sarah to offer parenting support, although they are not always in. Following the Initial and then Core Assessments, a referral is made to a Family Intervention Project which then works with the family intensively for a year. One worker in particular has a good relationship with Sarah, who confides in her about many of her past difficulties.

What worked well for the children?

- Supports in school are in place quickly
- There are adults visiting the house regularly and talking with the boys at school
- The boys know that people are trying to help their parents

What worked well for Chris and Sarah?

- They were able to make trusting relationships with a number of professionals, who took a firm and empathic approach.

- Voluntary supports were tried before the 'heavier' hand of statutory intervention

What could have worked better?

- The Parenting classes were possibly an unrealistic expectation and more support required for Chris and Sarah to attend (or provided on an individual basis).
- Tighter time-scales within which to assess Chris and Sarah's motivation to make changes to their care of the boys.

Sarah and Chris continue to be inconsistent in their care of the boys although Sarah reduces her use of drink (and possibly drugs). Judging whether there is enough evidence that the boys are at 'imminent risk of significant harm' or whether they are experiencing 'enough' cumulative harm is difficult. A Child Protection investigation takes place after a violent incident in the house and a Child Protection Plan is drawn up – the boys remain at home and Chris and Sarah make more efforts to look after them, as they know recognise the implications of not doing so.

Family 4: the Porter family

(primary age child)

What did neglect probably feel like to Adrian?

Adrian – *"I'm worried about who I'm going to live with – mum or dad"*

"I love my mum and dad but they say bad things about each other to me"

"I'm worried about my mum – she cries a lot"

"My dad doesn't play with me"

"I'm frightened about everything"

Adrian is six years old and attends the local primary school. He has always been a quiet child but his mother, Lynn, or his father, Ray, always pick him up from school and Lynn comes to parents' meetings. His teacher, who is good at noticing how Adrian is from day to day, has recently found him more withdrawn than usual and showing signs of distress – he is tearful and doesn't join in with other children in class and in the playground. He is sometimes hungry and in recent cold weather has come to school without a coat.

Initial response

At this point Adrian has not been identified as a child who needs help.

At this point the teacher notices that Adrian needs help.

Adrian's teacher has a chat with Ray to see if there are any changes at home. Ray tells her that he and Lynn have separated and Adrian has witnessed a lot of arguing. Lynn is angry and depressed and Ray is worried that Lynn isn't looking after him properly. Adrian stays with him several days a week and he thinks Adrian is confused because he is looked after in different ways in each home, with Lynn being much 'softer' with him. Ray himself is struggling with some aspects of caring for Adrian – he has always left much of the caring to Lynn.

At this point initial help is offered.

Adrian's teacher agrees to talk with Lynn to see if she will agree to accept help to manage the separation and make it easier for Adrian. Lynn is open to this and relieved to talk the situation over with someone who seems to understand. The teacher completes a form (CAF) with Lynn and Ray (separately) looking at Adrian's needs and what they can both do to make life less distressing for him. They agree that they need support from others to manage some aspects of the separation and how they care for Adrian. Ray in particular is worried about how he will react to being taught how to be a parent but Adrian's teacher is persuasive and says that this will help Adrian and make their relationship stronger.

How did Adrian experience the help?

Adrian – *"my teacher is nice to talk to – she cares about me"*

"My mum and dad don't argue as much now"

"My mum still cries a lot but she gives me more hugs"

"My dad plays with me sometimes when I'm at his house"

Adrian is helped because:

The school understand what is happening in his life and can comfort him when he is unhappy and worried. His teacher finds an older child to be his mentor and he starts to get more confidence to talk to other children. If Lynn is having a bad day and brings him to school late or without breakfast or lunch, the school can make him food and ensure that he has warm clothes.

Help is provided for both Adrian's parents in managing their separation, supporting Lynn to care for Adrian and deal with her depression and by offering Ray help with his parenting skills.

On-going response

At this point the professionals are forming an idea of what Adrian and his parents need .

Supports in place are:

- An Early Intervention team social worker undertakes a short and intensive, solution-focussed piece of work with the family. This involves:
- Listening to and understanding the worries of all three family members about the separation;
- Arranging Family Mediation to talk over emotional and contact issues with Lynn and Ray.
- Arranging therapeutic help for Lynn to try to address past family issues.
- Involving a Family and Play Worker to show Ray how to care for and play with Adrian

What worked well for Adrian?

- His teacher was able to respond quickly to meet some of his immediate needs
- His parents became more aware of his needs and were helped to understand the impact their separation was having on him
- He didn't have to get to know too many new people
- His father learnt new skills in caring for him and the importance of giving him more attention and stimulation

What worked well for Lynn and Ray?

- Lynn was able to access help for past and current traumas, with increased hope that she could care for Adrian better in future
- Ray increased his parenting skills and in a way that didn't feel demeaning.
- The support offered was quick to set up and involved supports which didn't feel too 'official'

What could have worked better?

- Lynn and Ray feeling that they had someone to approach who could help them and Adrian at an earlier stage, before Adrian became distressed.

This is a short and successful piece of work, which results in Adrian becoming much less distressed and settling better at school. It helps Ray to become more confident in his parenting skills. There are continued worries about Lynn's care of Adrian as her depression, due to past and current family problems, does have an impact on her ability to give him sufficient attention. Adrian starts to spend more of the week at Ray's, on the understanding that Lynn will gradually resume more of his care once she feels more able to look after both Adrian and herself.

Family 5: the Wheeler family

(a child with a disability)

What did neglect probably feel like to Mary?

Mary – “I love my brother and sister – they play with me”

“sometimes I feel left out, especially when they go out”

“I get angry and frustrated when I can’t say what I feel”

“I wish I could do more things”

Mary is eight years old and goes to a school for children with special needs. Clare the transport assistant who collects Mary from home and brings her into the house after school has become increasingly worried about how much her parents, Jeff and Jane understand her needs as she grows older. She is worried about some aspects of Mary’s care and sense that Jeff and Jane are quite dismissive of her. Clare has known Mary for four years and has been

picking up signs from Mary that she is unhappy. Recently, Mary seems reluctant to let Clare leave and looks tearful and lonely. The family’s housing conditions are cramped and they do not seem to have much money.

Initial response

Mary’s teachers have noticed some changes in Mary but no action has yet been taken.

When Clare talks to the school staff about her worries they say that Mary has been listless and less responsive in class recently. There have been a couple of incidents when Mary has been angry and upset with other children.

At this point it becomes clear that Mary needs help.

The Head Teacher invites Jeff and Jane into the school to discuss how Mary has been recently and the worries that staff have about her. Both parents have mild learning difficulties themselves. They say they are helped by their large extended family who live locally. Mary’s brother and sister often spend short

periods and over-nights with their aunts and grandparents, but Mary is usually left out, partly because their flats are inaccessible and because ‘she is too much trouble’. Mary does go to after-school clubs twice weekly.

The Head Teacher is supportive to Jeff and Jane and tells them she is making a referral to Children’s Social Care via the Duty Team/Contact Centre – the family had had an allocated social worker before Mary started school. She reassures them that this is to try to get Mary and themselves more help.

At this point initial help is offered.

The Children with Disabilities social worker from the Early Intervention Team visits to check Mary’s home situation and to see if Jeff and Jane need any parenting support. She offers

advice in a clear and straightforward way about what Mary needs from them now she is older. She arranges for Jeff and Jane to go into Mary’s school for three sessions with a teaching assistant to talk over Mary’s changing needs. A referral is made for an assessment of Jeff and Jane’s parenting capacity. This has to be undertaken by Children’s Social Care Assessment Team staff rather than the Early Intervention team, so there is some delay in a social worker being allocated because of high workloads. Jeff and Jane do get on with this social worker but would have preferred to have kept the initial one, with whom they had made a good relationship.

How did Mary experience the help?

Mary – “My mum and dad talk to me a bit more now”

“Clare always makes sure I’m ok”

“I miss my family when I’m on respite”

“My carers give me lots of attention”

Mary is helped because:

Her parents have more awareness of her needs through the discussions with the teaching assistant and completion of the parenting capacity assessment. She has a good relationship with Clare and can tell that Clare and her teachers are keeping an eye on her. She also likes the social workers, who sometimes visit when she is at home. Her respite carers provide Mary with lots of opportunities for activities and she is able to develop her interests in cooking and art.

On-going response**Supports available are:**

Fortnightly home visits from the Children with Disabilities Team social worker offering parenting support. Mary and her family’s situation does not fit the criteria for the only service which offers parenting programmes – the local Troubled Families Team.

The school continues to monitor Mary’s situation and involve her parents in as much discussion as possible about her changing care needs.

In time the parenting capacity assessment shows that Jeff and Jane are only partly able to understand and meet Mary’s needs. With two other children to look after and financial difficulties, the family is under some pressure. Mary is offered a monthly week-end respite care placement and the need for a full-time care placement is regularly reviewed.

Mary is also on the waiting list for a befriender who can take her out every week.

What worked well for Mary?

- Clare, the transport escort, knowing her well and being able to go into the family home to form a picture of life for Mary within the family.
- School staff and the social worker making a good relationship with her parents and helping them to try to understand Mary’s needs.
- The eventual respite placement which offers Mary a more responsive environment and the befriender, once in place, to be a friend and advocate.

What worked well for Jeff and Jane?

- They were able to access support and advice from school staff and the social worker, who communicated well with them.
- The respite care for Mary gave them a regular week-end to go out with Mary’s brother and sister.

What could have worked better?

- The parenting capacity assessment could have happened more quickly if there was greater flexibility about who undertook it.
- The availability of intensive parenting support, tailored to the needs of parents with learning difficulties caring for a child with special needs. A group setting may have offered Jane and Jeff some peer support.

Family 6: the Maxwell family

(children aged 3-14)

What did neglect probably feel like to the children?

Paulette – “I’m fed up with this family – I have to do everything. Mum and dad are too lazy – they just sit around and argue all the time”

“It’s embarrassing – everyone hates our family”

Suzie – “I wish I could live with my real dad”

“I’m trying to do well at school, at least that gets me out of here”

“Mum and Alan should take an interest in how well I’m doing at school but they couldn’t care less”

Amanda – “No-one talks to me at home, Paulette is always grumpy and bosses me about”

“Sometimes I don’t go to school at all if Suzie doesn’t wait for me”

“Me and Darren play out late until we get cold”

“sometimes we play on the X-box until really late”

Darren – “I want to go out all day with the others – mum and dad shout and frighten me”

Amanda is five years old and has a younger brother, **Darren, aged three** and two older half-sisters, **Paulette aged 14 and Suzie who is 11**. Amanda is often late getting to school and sometimes doesn’t go at all. Teachers have spoken to her sister Suzie, who is at the same school, and to their mother, Pat, who just say she is ill and can’t come. When Amanda does come to school she is tired, often hungry and doesn’t speak very much.

Initial response

The school know that the Maxwell family have a reputation locally for being ‘trouble’ and that there has been social work support in the past. There have been no recent worries about Suzie however and Paulette left primary school three years ago. Amanda has only recently started to appear ‘on the radar’ as her difficulties become more apparent.

School staff ask Alan and Pat to come into the school to talk about how Amanda is getting on but on three occasions they don’t appear. The Head Teacher and Parenting Support Worker visit the house and talk with Pat. They praise Suzie and try to encourage Pat to bring Amanda to school more, so she has a chance to do well like Suzie. During the visit, they are worried about Darren, the three year old son, who is withdrawn and anxious and doesn’t speak. At the end of the visit, Alan returns and is verbally aggressive towards

them, saying ‘we don’t need you lot interfering in our lives’.

At this point it becomes clear that Amanda, Darren and possibly the older children need help

The school staff contact the Children’s Social Care Duty Team to discuss their worries about Amanda and Darren and their father’s reaction to their visit. There are recent referrals from the Police about Paulette who was found at a flat they were called to because of suspected drug use. There have also been complaints from neighbours to the Anti- Social Behaviour Team about the Maxwell family. These were due to be followed up but were not considered the highest priority.

At this point initial help is offered

Two social workers visit the home and talk to Alan and Pat, as well as Darren,

Amanda and Suzie. They want to give Pat and Alan the opportunity to work on a voluntary basis with services which may be able to help them. Alan is not in and Pat says she will talk to him about filling in a form (CAF) to see what help the family need, although she thinks it unlikely he will agree.

In the meantime the social workers suggest that Pat takes Darren along to the Children’s Centre with the support of a social work assistant to take them along for the first few visits and who will also come to the house at 8am to help Amanda get ready for school. Pat says she will try the Children’s Centre but they ‘don’t want anyone in the house that early, getting in the way’. The social workers arrange to meet with Paulette at school but she says she doesn’t want any help and ‘it’s my mum and Alan that need help, not me’.

How did the children probably experience the help?

Darren – *“I like the centre, I can play there”*

“I like it when the social workers come and talk to me”

Amanda – *“I like my teachers – they try to help me”*

“Dad gets angry when the social workers come”

Suzie – *“It’s not going to make any difference – mum and Alan don’t want to know”*

“At least someone is coming to check us now though”

Paulette – *“I feel sorry for the little ones but I can’t wait to get away from here”*

“Someone needs to sort Alan out”

“What can they do for me anyway? I don’t want their help”

Darren is helped when he goes to the Children’s Centre (although this is not as often as it could be) and when there he plays with other children and adults and starts to develop his speech, with help from a speech therapist.

Amanda goes to school more often and the school staff continue to nurture her with as much social, emotional and practical help as they can offer.

Suzie and Paulette feel less responsibility for their younger sister and brother as they know that social workers are visiting but they still have to do most of the caring and housework. They are offered help from the Young Carer’s group which meets locally, which Suzie starts to go along to.

On-going response

Pat completes the CAF form with the social worker but she and Alan later refuse to sign it. The social workers try hard to explain how the form will help and the benefits of holding a meeting with other professionals (TAC) to look at how they can be helped but Alan in particular cannot be persuaded. The children are considered to be ‘in need’ but there is insufficient evidence for a Child Protection investigation and Plan at present. Social workers continue to visit the house every two weeks and the school, social services, the Police and Housing agree to keep detailed notes of incidents and observations so that a clear analysis can be produced which clarifies the impact on the children of their parents’ neglect. As there are little signs of things improving for the children in the meantime a new plan is made.

Supports offered are:

Fortnightly visits from two social workers to try to undertake more detailed assessment using the Graded Care Profile although Alan and Pat are not always in when they visit.

Increased support to ensure Darren goes to the Children’s Centre and is fed, clothed and given activities to stimulate him and encourage his speech.

Introduction to staff from an Intensive Family Support Project which offers a welcoming and nurturing base and opportunities to take part in activities with other parents and children, which aim to promote family resilience. Pat attends irregularly although she does form good relationships with some of the staff, who are caring and authoritative.

What worked well for the children?

- The younger children receive as much help as the school and Children’s Centre can provide and their progress, or lack of it, is monitored.
- The younger children like talking to the social workers and being with the staff and other children at the Family Support service, when they go.
- The older children feel there is less responsibility on their shoulders.
- Suzie attends the Young Carer’s Group.

What worked well for Alan and Pat?

- They were given many opportunities to develop positive relationships and encouragement to change

- The ‘threat’ of statutory involvement started to make a difference in the end

What could have worked better?

- The process needed to be much quicker for the children.
- The borderline between Alan and Pat doing just about enough but not enough to improve the care of the children was too blurred.
- Help for Paulette, of a type she would find acceptable, if available, might have made a difference to her and prevented her taking risks with other young people and coming to the attention of the Police.

Family 7: the Sentinu family (teenager)

What did neglect feel like to Jack?

Jack – “My dad’s never around – I don’t think he cares what I do”

“School is boring and I don’t fit in”

“Who knows what I’m doing all day?”

“I just fend for myself – I can do that fine”

Jack is 14 years old and has recently started skipping school. He spends his time sitting in the local shopping centre and in the flats of older teenagers who have left school. He has been involved in incidents of rowdy behaviour in the centre, along with his friends and security staff there and community police officers who are sometimes called to the centre know his face well. After a fight breaks out between Jack’s friends and another group of young people, Jack is taken to the police station and

the officers phone his father, Joseph, who cares for him on his own. He is unable to come to the police station because he says he is busy at work so Children’s Social Care services are contacted and a duty social worker comes to the station to witness Jack’s statement and act as his ‘Responsible Adult’.

Initial response

At this point Jack is just appearing on the radar of the school and Police.

At this point it becomes clear that Jack needs help.

The duty social worker refers Jack to the Children’s Social Care Early Intervention Team and a social worker arranges to visit Jack and his father at home. Jack’s father works long hours and this is not easy to arrange. When the social worker meets Jack and Joseph he finds that the family are very well-provided for materially but that Joseph, who has a high-earning job, works long hours and does not have a good understanding of Jack’s emotional needs, including attention from and supervision by his father.

At this point initial help is offered.

The social worker is clear that Jack must return to school and that Joseph needs to spend more time with his son. He says that social services will have to monitor the situation as Jack could reach the point of Youth Offending services becoming involved if things do not change. Both Jack and Joseph are very resistant to the idea of help from services including filling in any forms or going to meetings and say they will do what is asked of them, as long as services stay away as much as possible.

Social services continue to visit Jack and Joseph, although Joseph is often at work. Jack’s school attendance is slightly better but teachers feel that he is not fulfilling his potential academically. There are increased alerts from the police when Jack is found drinking alcohol with his older friends and he is

part of a group who are charged with police assault. Social workers undertake an Initial and then Core Assessment of Jack to which Joseph reluctantly agrees. Jack is identified as a Child in Need and is placed on a Section 17 Order as his father continues to neglect Jack’s care and he continues to be unsupervised for long period of time.

At this point the professionals are forming an idea of what Jack needs.

Social workers are clear with Joseph that Jack may require an alternative family or residential placement unless Joseph recognises that he must look after and supervise his son. Joseph and Jack agree to work with social care services to try to pull the situation back.

How did Jack probably experience the help?

Jack (at first) – *“These social workers are a pain – they should leave me alone”*

Jack (later on) – *“Mike is cool and seems to like me; he doesn’t take no for an answer”*

“My dad still works a lot but Mike talks to him about me and seems to be getting through to him”

“My dad takes more interest in me now”

“Some of the teachers aren’t that bad – they say I get on well with the younger ones and could do more to help them than just the music stuff”

Jack is helped by community police officers and social services becoming aware of his situation and, after a careful assessment of the situation and attempts to persuade his father to put Jack’s needs first, finding creative ways to reach Jack and divert him from his risk-taking path. Linking Jack up with Mike, an adult who relates well to him, is a turning point for him. Mike also encourages Jack to return to school by helping him to see how this might make a difference to his future and through his involvement with the music in schools project. Mike is able to get through to Joseph about the importance of him working less and spending evenings and week-ends with his son.

On-going response

Supports put in place are:

The social care team want to avoid taking Jack into Care and employ creative thinking to offer him tailor-made supports. Mike, an Intensive Family Support Team worker, is given time to work intensively with Jack, to ‘get alongside’ him and encourage his interests in music and sound recording. This includes going along with him to a local creative arts lab and involving him in a project which works with young people in schools.

The social worker continues to work with Joseph and is sometimes joined by Mike, who talks to Joseph about Jack’s achievements and the ways in which he can encourage Jack and also how important it is for him to spend more time with him and for Jack to know that Joseph is proud of him.

What worked well for Jack?

- Services working creatively and flexibly to introduce him to an adult who he gets on well with and has time to spend with him.
- His father eventually recognising through the efforts of the practitioners what Jack needs from him and making him a priority.

What worked well for Joseph?

- Although it took the threat of Jack being taken into Care to make Joseph recognise the seriousness of the situation, the involvement of Mike, someone he could relate well too, made all the difference.

What could have worked better?

- Jack having someone to confide about his neglectful home situation to avoid having to signal this indirectly through his risk-taking activities.
- The involvement of a key adult at an earlier stage.

Family 8: the Macintosh family (teenager)

What did neglect feel like to Diane?

Diane – “I hate it at home – no-one cares about me”

“I could be dead and they wouldn’t notice”

“I just get to go out in and out of the house when I like – sometimes I get some food to eat or it’s just money for chips”

“I don’t get any of the things other people at school do like a decent phone or cool clothes”

Diane is just 15 years old when she is spotted by two Police Officers sitting on a park bench at 1am, half-asleep and wrapped in a blanket. She says she doesn’t want to be taken home so the Officers take her to the local police station and say she will have to go to a local Children’s Unit which provides emergency accommodation unless she agrees to give her name and address.

Diane agrees to be taken home where her father, John, shouts at her for getting him and Diane’s step-mother Rita out of bed ‘at this ***** hour’. He tells the Officers that they didn’t know Diane was missing and that’s why they hadn’t reported it.

Initial response

At this point Diane is just appearing on the radar of the Police and other services.

The Police have an alert system to the Children’s Social Care Duty Team who contact Diane’s school to see if pastoral support staff have any worries about her. Diane’s pastoral support teacher says that she is a quiet girl who attends school and has only a few friends but has not come to their attention particularly. Her parents do not come to parents’ evenings although there was an incident when Diane first started school when her father came to the school and was verbally aggressive to one of the PE staff.

The teacher says she will talk with Diane and see if she can find out why Diane ran away from home. Diane tells her that she is very unhappy, that she doesn’t see her mother and her step mother hates her but she will be ok – she’ll just leave home as soon as she can. The teacher notices cut marks which are just visible at the cuffs of her school shirt – it looks as though Diane has been self-harming. Diane bursts into tears when the teacher asks her about this.

At this point it becomes clear that Diane needs help.

Diane’s teacher asks Diane if it is ok for her to talk to her parents and Diane agrees, although she says it won’t do any good. When the teacher rings them they find reasons not to come and when she persists they tell her to mind her own business – they know how to look after their own children.

At this point initial help is offered to Diane.

Diane’s teacher suggest that they both talk with the school nurse who can liaise with health service colleague to see what help is available for young people who are unhappy and are self-harming. She tells Diane that she will also speak with social services as she would be very worried if Diane ran away again and found herself in a dangerous situation – out at night, alone and at risk of harm.

How did Diane probably experience the help?

Diane – “It’s a relief to talk to someone who might be able to help me”

“Now I won’t have to keep telling my friend about how horrible things are at home – she listens but there’s not much she can do”

“Maybe they can help me live somewhere else where people do care about me”

Diane is helped because she has adults who she can confide in and who she thinks can have some influence in changing her situation. Social workers try to talk to John and Rita about Diane’s needs and her ‘cries for help’ but it becomes clear very quickly that they have no motivation to change the way they see their daughter and their approach to looking after her.

On-going response Supports offered are:

Diane has adults to talk to and who can try to make changes in her home situation or provide alternatives if this isn’t possible.

A social worker and a family support worker visit Diane’s parents to offer help and support and to tell them about a Parenting Programme aimed at parents of teenagers which is just starting at a local family support service. The workers are told in no uncertain terms that their help is not required and that they can look after their daughter just fine. They say ‘you take her if you can do a better job then’. They feel threatened within the house and are ushered out by John.

Although John and Rita are at first resistant and hostile to the social workers involved, Diane is eventually removed under a voluntary Supervision Order and placed with teenage foster carers where she is much happier. Fortunately she is able to remain at the same school and continues to receive support from staff there and also from her social worker.

What worked well for Diane?

- Diane was given help quickly after signalling her unhappiness by running away
- She was able to live with people who cared for and took an interest in her
- She had adults she could confide in and trust

What worked well for John and Rita?

- They were given opportunities to continue to care for their daughter

What could have worked better?

- If Diane had felt able to approach an adult who could help her at an earlier stage she might not have felt the need to run away and be in potential danger or to signal her distress through self-harm.

Identifying and responding to families:

Overcoming the barriers and finding solutions

This section of the pack brings together the discussions with practitioners across the three areas, together with the perspectives of parents in our consultation group. In these discussions we reflected on three things: how families experience the involvement of helping services, the constraints that practitioners feel they work under and the ways in which these might be overcome. The contents of this section refer to our general discussions and do not necessarily reflect practice in any one of the three areas.

A) How do we know that families need help?

This section considers how and where parents actively look for help and how both parents and children signal their need for help.

A1

Parent: "Help – I'm not sure if I'm managing. Who can I turn to?"

Barrier: As parents it's hard to know where to go for help when we know we're not coping with looking after our children. Sometimes we go to our GP, although we usually say that it's our child's behaviour that's the problem or that we can't sleep and we're depressed. What happens next depends on whether our GP can pick up that we're struggling, what help there is locally and how easy it is to get it.

Practice example: In one of our areas we heard about the health service child safeguarding system which includes all GP practices. In addition to all GP practices or health centres having a Safeguarding Lead, each has a Named Health Visitor who liaises with other services. There is a structure which focuses on training and linking Primary Care service staff into the Common Assessment Framework process.

Practice example: The parents' GP, if they are able to tune into the parent's and children's needs and ask the right questions, can refer them to the practice health visitor who may have access to specialist supports, such as staff and nursery nurses who can supplement the work of the health visitor.

» For more detail see Practice Example A1a on page 60

» For more detail see Practice Example A1b on page 60

Solution: A universal parenting support service, which parents can contact themselves or be helped to contact through universal services staff, in schools and health settings. In some areas there are Parent Support Advisors who provide an approachable and easy access service. We heard that in some areas across England these types of services have been reduced because of shortages of funding.

» For more detail see Practice Example A1c on page 60

Key point for practice: making services approachable

We have made it difficult for parents to approach advice and support services when they need help and do not have a support network of their own. A safe, welcoming and locally available drop-in type centre which is aligned to non-stigmatising, universal services might be less 'hard for parents to reach'.

A2

Parent: "It's hard to talk about needing help"

Barrier: It's not easy to admit we need help and advice about looking after our children. It's shameful and we think we should be able to manage. We don't know what teachers or health visitors can do for us- they might say our problems aren't bad enough and they can't do anything or they might tell social services and then it can get taken out of our hands. You need to make it easier for us to ask for help or pick up more quickly when we show you indirectly that we can't cope.

Solution: In some areas a 28 week pre-natal check takes place at home which gives midwives and health visitors the chance to talk with parents about the emotional as well as the practical aspects of having children. Mothers are increasingly able to talk about post-natal depression. Health service staff working in this area may have approaches and skills which could be transferred to other settings where parents could be encouraged to open up.

» For more detail see Practice Example A2a on page 61

Solution: as before, a non-threatening universal parenting support service could provide an accessible setting for parents to seek help – there is clearly a need to make it easier for them.

» For more detail see Practice Example A1c on page 60

Solution: The school can have a role in building trusting relationships with parents and ask questions in a non-threatening and 'warmer' way. Universal services staff such as school-based staff can be in a good position to offer unthreatening help and asking questions in terms of 'what can we do to help?'

» For more detail see Practice Example A2b on page 61

Key point for practice: creating opportunities

We are becoming more vigilant about identifying children who are at risk of neglect and must continue to build on this by ensuring that health visitors can visit more regularly and include all those who have opportunities to see children within their own homes, such as Housing Officers and those undertaking repairs.

B) How do we respond to or approach families who need help?

Many parents are not aware that the care they give their children does not meet their needs and could be considered neglectful. There may be a number of reasons for this, for example when parents have not been parented well themselves or when they are overwhelmed by their own problems. This section outlines the approaches that practitioners use when they must be pro-active in safeguarding children.

How universal services can respond

Led by the Munro Agenda and Integrated Working project, in most areas pathways have been put in place 'to ensure services are coordinated early to support children and families, hence reduce the number of families reaching the threshold for social care intervention'. How does this work in practice to help families?

B1 Health services

Parent: "Who notices whether our children are well and happy?"

Barrier: We have a health visitor to start with but unless we have problems early on they can't usually come out again because they have so many families. We are supposed to go to clinics but sometimes we can't get organised to go. Before our children go to nursery or school there may be no-one who comes to the house to check how we and the children are getting on.

Solution: Many areas have developed pathways to ease the ways in which health service staff can respond to families. In one area we heard about the Vulnerable Children's Team, which has a direct link from health services (community and hospital nurses and midwives and health visitors) to Children's Social Care services for health service staff to ask advice about individual families and how best to respond to them.

Practice examples: There is increasing early identification by midwives and health visitors of families likely to need extra help. There are developments in Early Years provision such as Family Nurse Partnership projects in some areas; there are also enhanced health visitor services in some areas and increased and effective outreach from Children's Centres, once families are identified.

There are also ways in which health service staff are proactively looking out for signs of children being neglected

» For more detail see Practice Example B1a on page 62

» For more detail see Practice Example B1b on page 62

B2 Schools and nurseries

Barrier: Sometimes teachers and nursery staff talk to us about our children's behaviour and ask if we have problems at home. Teachers and support staff can be good to talk to but what can they do?

Barrier (for practitioner): As teachers we can often spot when children signal through their demeanour and behaviour that they are not getting the care they need. We can do some things to help the child and sometimes the parent but it may be difficult for us to find a reason for visiting the family home to see what's happening there. We sometimes have to pass our worries on to other services and then there is not always a shared understanding about what this might mean for the child who is experiencing significant harm caused by neglect.

Solution: Developing skills to tune into the individual child and make the most of opportunities to do so – teachers and those who see children every day have these opportunities and can develop a sense for when a child is showing signs of neglect and/or use tools and checklists to help them know what to look for.

Barrier: Middle- class neglect is often hidden and hard to identify by teachers and others working with children and young people. It often involves emotional neglect or it may be that parents are not spending enough time with their children or are leaving them to their own devices for long periods.

Solution: There is growing awareness of the effects on children and young people of their parents working long hours and of material wealth but emotional poverty. A public awareness campaign might be a starting point to try to redress this trend.

Solution: Practitioners told us how the school and nursery can be an important hub for responding to and helping both children and parents.

» For more detail see Practice Example B2a on page 62

» For more detail see Practice Example C2 on page 69

Key point for practice: tuning into children

Practitioners say that they can often feel instinctively that a child is showing signs of neglect. These feelings, which those who see children every day may be well placed to detail and describe, must then be analysed and recorded in a way which is helpful to other services. We must get better at helping practitioners to learn the skills to do this.

B3

Parent: "Someone is coming out to see me: I'm worried"

Barrier: The school are worried about my son and are sending someone out to see me – they think I'm not looking after him properly. I don't know where to start, I've got so many worries and problems – it'll all come flooding out. One person can't solve it all

Solution: Practitioners suggest using the first few visits to build relationships with the family, before completing any forms or paper work; they try to identify any strengths and supports for the family and if possible come to an agreement about particular problems and what can be done about them in a way that is manageable – maybe tackling one thing at a time.

Solution: It is unlikely that any one service can solve all the families' difficulties but if other services can be called on to play their part, perhaps through a family meeting (such as Team Around the Child or Family), there is scope for a solution –based approach.

Barrier: When I first meet them, it would help if people thought about how I might be feeling and how they can let me see that they really want to help.

Solution: Practitioners emphasise the need to reflect on their approach to parents and use their emotional intelligence in doing so. It is important to listen to parents' problems while also keeping the focus on the child and the impact of family life on the child, using the family's strengths as a starting point. Practitioners might stress how important parents are to their children and what they can do for them, for example playing with them. Struggling parents can lose sight of their child.

Solution: From the beginning and throughout the relationship with parents it is important to work on solutions while also being authoritative and able to challenge parents in a positive way when required. It is also good to keep focusing back to the child and the effects on the child of the parent's actions, but in a reflective and non-judgmental way. Confidence and skill is required to be honest, empathic and authoritative and more experienced staff can model this for others.

Practice point: it can help families and practitioners if staff from two different services undertake joint work with the family which may involve some preparation – in practice this may take different forms and may involve some joint visits.

» For more detail see Practice Example B3 on page 63

B4

Practitioner: “I’m going out to see a family: what will I find?”

Barrier: As practitioners we have to weigh up a number of factors when we visit a family. It can take a number of visits and discussions with others who know the family to start to assess whether a parent is struggling or the child is experiencing neglect (or both) and what might be the best way to respond.

Solution: Practitioners make use of assessment tools and check-lists to try to measure the extent of the harm to the child but they also stress the importance of using ‘gut-feelings’ to focus on the child’s experience. What is the child likely to be feeling? Is the care good enough? Would you let your child live there? Assessment is important but a response which improves the child’s situation, if required, must happen as quickly as possible.

Barrier: It can be difficult for us, as practitioners, to balance assessing parents’ capacity to change how they care for their children with their ability to do so quickly enough for the child; the child may need prompt action to avoid further harm but we must give parents the chance to show if they can provide the care the child needs.

Solution: There are tools which can be used to assess parenting capacity to change. Practitioners also reflected on the signs which can help to gauge the potential for change such as ‘how parents hear your concerns and respond to them and their capacity to see things from a child’s perspective’.

Barrier: I always have to think ‘is this child more in need than others?’, because services are limited. Have I become desensitized to neglect because there are many children who are experiencing it in this area? I tend to compare each child with the last one I saw and decide if they are more or less in need of help than that one. Is the definition of neglect a key to unlocking services or a padlock because the child’s situation isn’t ‘bad enough’? What is significant harm?

Solution: When a child is at risk of neglect there often needs to be a different response from when there are worries about other types of abuse. For example, a multi-disciplinary or family support team which steps in early and focuses on practical, social and emotional supports and which may not need to be intensive if put in place early.

Solution: Capacity to respond to all the children who are identified as needing help is a common theme for all practitioners. It might be possible to build more capacity to help families at whatever level of support they need if we can tighten up areas of duplication but there also needs to be investment in early help and prevention services.

» For more detail see Practice Example B4 on page 63

Key point for practice: using definitions

Formal definitions of neglect can be helpful in providing a shared understanding of neglect. However, they are not enough on their own as terms such as ‘persistent failure’ and ‘adequate’ are open to interpretation. We need to ensure that using the definition of neglect doesn’t lock children out of services because the care they are receiving doesn’t fit the definition, even though they may still be at risk of or experiencing neglect.

B5 The Common Assessment Form (CAF)

Parent: "The school is getting me to fill in this form with them; will it help me and my child?"

Barrier: I don't think I really understand what this form is for – it seems to be getting used for different things. They say it's to get me help but other parents say that doesn't always happen.

Practice considerations: The CAF form has developed for different purposes in different areas. Practitioners say that those who are completing the form with parents should be clear about its purpose (is it an assessment form based around parent's and practitioners' views of what the family needs? Is it a referral form to other services? Or is it both?). Practitioners can use language which explains the form in a way that parents can see them as helpful (although if completing the form doesn't lead to the family receiving services this can be frustrating for all).

Barrier: I'm not very happy about some of the things being written on this form. It says what's good in our family but there's a lot about the children needing more help with things. They are trying to be open with me - I want to know what they are saying and I do get to have my say too, but I don't always understand the language they use.

Solution: Some areas have simplified and adapted the CAF form to make it easier for everyone to complete.

Solution: Practitioners say that the best way to complete a CAF form is when parents and all the practitioners involved with them sit down together to do it. Many areas have CAF Champions and staff who model the completion of the CAF form to try to ensure their more effective and consistent use.

Solution: Practitioners can develop skills when completing the form and discussing it with parents which can balance describing the family's strengths with sensitive ways of saying that these may not be providing enough care for the child (or there haven't been enough changes to make a difference to him/her on a daily basis) and what might help to fill the gaps.

Barrier: Things can change in our family very quickly and the people helping us need to keep up-to-date with how things are with us.

Solution: Practitioners note that the CAF form has a limited shelf-life and some need to be reviewed and updated more regularly than currently takes place. They say it's important to review not just how the parents are doing but whether any changes they are making are having a notable impact on their care of the children. There is a feeling that sometimes the child is 'lost' within the form and it is more parent-centred.

Barrier: My child is ten and would like to have her say on the form too.

Solution: It would be good to include the child's views wherever possible and if meetings are held to discuss the supports needed practitioners have suggested that one of the practitioners who attend the meeting could act as an advocate for the child.

» For more detail see Practice Example B5 on page 63

Key point for practice: children's views

Our young people consultant group told us that there were times when they felt that they had not been consulted about how life was for them on an everyday basis at home. Ideally, children should have a spokesperson at meetings but if this is not possible help with writing a contribution to the CAF, however difficult, could be provided.

B6: The CAF process

Practitioner: “The CAF forms and process can work well in getting help for families but they could work better”

Barrier: It’s frustrating when parents don’t agree to complete a CAF form and you know that problems will probably carry on and often get worse until Children’s Social Care services have to become involved.

Barrier: Some families just agree to complete a CAF form and then don’t really work with the support services put in place or there are delays getting them in place. So you end up in limbo, with nothing much happening to improve the child’s situation.

Solution: If either of these things happen and professionals are worried about children, practitioners suggest that there should be a time-limit before the family is referred to Children’s Social Care services (even if there are doubts about whether there is sufficient evidence of lack of care that would meet the operational criteria of neglect) in order to avoid delays for the child and the risk of cumulative harm.

Barrier: Sometimes it’s hard to decide whether a CAF form is really needed. There is uncertainty within some services and in some areas about whether a CAF form can be completed if only one professional is involved or if it is being used for referral to only one other service. Single Need Referral forms are in use in some areas for referral to some single services, such as speech therapy.

Solution: If delays occur in help being offered to a family after a CAF form has been completed, after a family (TAC) meeting has been held or if a family is avoiding help, a strategy meeting can be called to find ways to move things along.

Barrier: As practitioners in universal services some of us find that we complete a CAF form but it doesn’t always lead to more targeted supports for the child and family or we have to wait a long time for support to be arranged and to start.

Solution: Some practitioners described clear pathways to accessing extra help for families, usually where there are good consultation arrangements with Children’s Social Care services to talk over specific worries about a child. It helps if universal service staff have completed detailed CAF forms and can document that they have tried to put in place as much help as possible themselves, but that this hasn’t been enough to make a difference to the child or the family has been resistant to accepting help.

Barrier: The CAF paperwork can be onerous and does not usually link well to services’ other recording systems. And some services have their own review systems which duplicate or overlap with CAF review meetings.

Solution: There are ways to streamline and reduce overlapping processes and paper work. We heard about some areas where the CAF form has been simplified and has been incorporated into the case recording systems for some services.

» For more detail see Practice Example B6a on page 64

» For more detail see Practice Example B6b on page 64

» For more detail see Practice Example B6c on page 64

B7 Meetings of parents and support services (Team Around the Child)

Parent: “There’s going to be a meeting with me and all the people who know our family – what will it be like?”

Barrier: It’s embarrassing to have to sit in a meeting with lots of people and tell them all my business. And then I’m not always sure if people know who is meant to do what afterwards. Things can drag on and sometimes not much happens after the meeting.

Solution: Some areas have a system where the Chairperson of the meeting meets the family beforehand to explain and reassure them about what the meeting will be like. In addition, practitioners thought that what parents and children need is a professional to act as an advocate who will act as a partner to be with them through the meeting process and beyond, if other services such as Children’s Social Care become involved.

Practitioner: “I’m the Lead Professional; it can be a daunting role”

Barrier: As the Lead Professional, I don’t feel very well prepared for this role and I’m not sure about the expectations on me, as it’s on top of all my other work.

Solution: The role of the Lead Professional/Practitioner is very important but it can take time to feel confident in this role and support may be needed to undertake it. Some areas have found ways to ‘roll out’ the skills required to undertake this role effectively and also chair the TAC meetings. In some, this role is a wider ‘bridging’ role between universal, targeted and Children’s Social Care services staff.

Solution: The meeting works best if all services and family attend and staff from those services who can’t attend provide written reports. It also works well if all services are sent a note of the meeting so everyone has the same information and there are clear plans about what needs to be done, by whom and by when after the meeting.

Solution: We heard about at least two areas of effective practice in the ways in which the Team Around the Child pathway works well for children affected by parental substance misuse and for young women who are pregnant and still receiving education.

Solution: In one area we were told that if there have been delays in the family receiving help after they have been in the TAC system for six months a Children’s Social Care Manager can be consulted and a strategy meeting is called to discuss how to move things along.

Practitioners say that a well-run meeting can bring services together; it is a good starting point as everyone can see who else is working with the family and involving others widens the support on offer.

» For more detail see Practice Example B7a on page 65

» For more detail see Practice Example B7b on page 65

B8 Families' movement 'through' services, including Children's Social Care

Parent: "The school are telling me that they want a social worker to come to see my family – it must be really serious now"

Barrier: all you hear about social workers is that they want to take your children away. But maybe there are some social workers who are ok as individual people and you can get on well with if they have time to get to know you and they don't have to rush off.

Solution: Children's Social Care social workers often have less time to spend with families, compared with staff from targeted services for example, partly because of high case loads. However, if they are given adequate time to use their personal and social work skills in direct work with families they can build good and trusting relationships with them which can often pay dividends in the long run. As part of the Munro Review some areas have developed ways of working which enable some of their Children's Social Care teams to return to a model in which social workers work directly with families with all levels of support needs. This helps to challenge the stigma and fear of social work support which leads to many families trying to avoid them.

Children's Social Care social workers have an important role to play with parents who are resistant to accepting support or who are unable to see the need for it. They can combine care and authority (taking the role of 'benevolent parent' and modelling this for parents themselves).

Barrier: It's embarrassing and annoying having to go through details about our lives when filling in the CAF and then tell it all again to social workers further down the line. We have to constantly get to know so many new people and then tell them our stories again.

Solution: Greater use of chronologies should enable practitioners to be better informed of family histories. Parents can then talk more about how life is for the family at the present time, although some aspects of past experiences may well have to be revisited, if helpful.

Practitioner: "When do we involve social care and why are we involving them?"

Barrier: Some practitioners across services feel that there could be a smoother transition between universal, targeted services and Children's Social Care or that services could work together during an interim period or even work together for as long as needed to support families. The bar for referring children and families to Children's Social Care is seen as set very high and staff in Children's Social Care services sometimes feel that they are called in too early or do not have the type of information they require in order to intervene. Referrers think that they often have to 'pitch' information in a certain way before Children's Social Care staff will act and that their role in gate-keeping is too stringent (although they also recognise that insufficient resources are a crucial factor in this).

In other areas there is a more streamlined process which allows support provided by staff in the Team around the Child and those in Children's Social Care services working with a 'Child in Need' to overlap in a way that aids transition.

Solution: Opportunities for informal and formal discussion with Children's Social Care staff (often based in a Contact or Consultation Team) or through named individuals linking particular services can be helpful in agreeing which service can best help or whether there is a case for statutory and other services practitioners working jointly with a family.

» For more detail see Practice Example B8a on page 66

» For more detail see Practice Example B8b on page 66

Solution: Practitioners think there is a need for more detailed and focussed referral information which brings together information evidencing suspected neglect from all possible sources and which is then brought together to form a coherent and evidence-based referral.

Solution: Practitioners also suggested that shadowing a practitioner from another service or visiting one another's services or team meetings helps practitioners to observe and understand one another's roles. Location of staff from different services in shared offices or joint working opportunities with individual families is seen as particularly helpful in promoting good working relationships.

Barrier: The view of some Children's Social Care social workers is that universal and targeted services often have unrealistic expectations of what Children's Social Care can bring. They are seen as providing: authority, for example to inspect homes; accountability, with the legal powers and knowledge to provide back-up and 'safety' for non-statutory agencies and the ability to 'move things on' if necessary. Social workers say that they do not have legal powers to enter homes but that there can be implications if they are refused entry. Often what they lack is the time to provide the type of day-to-day help that many families need and which may be better provided by intensive family support services.

Key point for practice: Working well together

Clear and regular communication, clarity about roles and making the best use of one another's skills and resources – all can be possible and will help to build professional trust and positive working relationships, developed over time through joint work with individual families.

Solution: Practitioners suggested that it might be possible for some or all of the above to be provided by Children's Social Care social workers without social workers themselves taking on the lead role in direct work with the family but supporting other services to do this and providing statutory know-how and 'back-up'. There would need to be discussions to clarify roles and the purpose of involving Children's Social Care social workers made very clear to families and all services involved.

Solution: The ideal could be universal service or targeted services staff working jointly with families. This does happen in some areas and it doesn't have to entail both staff always going out together to visit the family. There may be capacity issues however for Children's Social Care staff in particular if the numbers of families being allocated to social workers are increasing all the time. There needs to be local analysis of workloads to ensure that levels of work are not counter-productive because work becomes ineffective.

Solution: A constructive approach would be a more streamlined way of getting help at whatever level of support is needed (known as ‘stepping up and stepping down’ to and from services).

Facilitator: Practitioners say that moving from involvement with Children’s Social Care services back to more informal supports seems to be easier to achieve, although it was suggested that families are likely to cope better if the more targeted supports don’t stop working with them before they are ready.

Solution: Social workers working in statutory services are an important piece of the jigsaw of support for children and their families, particularly when parents are resistant to change. We must challenge the idea that they only have the capacity to undertake statutory work, as described in some areas. This can lead to a ‘them and us’ situation in which non-Children’s Social Care services are seen as supportive and Children’s Social Care social workers step in only when there is a serious problem and/or a Child Protection investigation.

However:

Parent and practitioner: “The prospect of a Child Protection Plan can be the ‘big stick’ that sometimes works”

Barrier: Resistant parents can resent social workers being authoritative but recognise the benefits later. Combining the role of wielding the ‘big stick’ with working in a caring and empathic way with families can be a hard balance to strike.

Solution: The involvement of Child Protection social workers and the Child Protection system is viewed by some practitioners and parents as the time when professionals and parents do what they say they will, as they are subject to close scrutiny. Parents often see this as a real ‘wake-up call’ with their child being removed as a likely consequence of not doing what is being asked of them.

» For more detail see Practice Example B8c on page 67

Key point for practice: Using authority but in a warm way

Practitioners suggested that the most effective way to work with parents is to model the warm and authoritative parent role which many parents they work with have not experienced for themselves. This is a difficult balance to strike but can be learnt through experience and by working jointly with those who have honed their skills in this area. It won’t work for all families but is likely to be effective with some.

B9 Forms and information sharing

Parent and practitioners: "Social workers seem to spend a lot of their time filling in forms and paper work"

Barrier: We fill in the CAF forms and then there are different forms to be filled in again if we have a Children's Social Care social worker..

Barrier (for practitioners): The forms completed by practitioners working with families are not stream-lined. Children's Social Care social workers usually begin their involvement with a family with an Initial Assessment Form, even if those practitioners who have previously completed a CAF have done so thoroughly, having worked with a family over a long period. Although assessments clearly do need to be updated, family histories and information which is seen as 'evidence-gathering' are often repeated, in order to meet the requirements of the next stage of the process and for new purposes (Child in Need assessment, Child Protection process requirements and/or Public Law Order). Social workers express a strong need to form their own judgement, especially if there is a likelihood of the Court becoming involved.

So are forms dictating practice with families and leading to duplication and overlap of work?

Solution: The use of a single form which starts with a CAF form could be adapted to include Children's Social Care Initial and Core Assessments (and which can also be adapted for Court purposes if required). A uniform look would potentially be more family-friendly; their purpose, to inform support needs across the spectrum of services, would have to be explained clearly to families.

Solution: Practitioners say that CAFs are being completed more fully as time goes on but that more help is needed for some staff to write CAFs so they contain the required information in sufficient detail. Many practitioners have in-depth information about families - sometimes more than can be collected in a few short visits for an Initial Assessment by Children's Social Care staff.

Solution: The holistic CAF categories could be expanded and added to later for different purposes, if necessary, as could a core chronology or family history.

Solution: It's understandable that professionals supporting families will want to form their own judgments about families and not rely solely on the views of previous workers and assume that these are exhaustive. Opportunities to develop professional trust through joint working and having named workers to liaise between Children's Social Care and other agencies can help, although clearly there is a place for different perspectives.

Practice example: In one area we heard that every child with a CAF has a CAF folder and this contains notes on all the family meetings (Team Around the Family) which Children's Social Care social workers can access. If a family is being referred to Children's Social Care the CAF should be attached and the referral form now has the question 'is there a CAF'?

Practice example: One area has devised practice-led assessment forms by making them more family friendly. These are used if the family don't agree to a CAF and Children's Social Care social workers have to go out to see them and do their own assessment.

Barrier: there are often difficulties with information sharing between services (unless it involves a family in the formal Child Protection system).

Solution: New database and case recording systems are being developed across the UK which can be shared by services and are user-friendly. Databases which include education, health service and third sector staff would enable Children's Social Care social workers to see if there is a CAF, which services are involved with a family and share information accordingly

» For more detail see Practice Example B9a on page 67

» For more detail see Practice Example B9b on page 67

Key point for practice: user friendly forms for staff and families

It should be possible to design an assessment and planning form which serve the needs of practitioners and families, which are useful and easy to read, can accompany a family along their journey through services and can meet a range of purposes.

C) What can we do to help children and their families?

C1 Preventing neglect

Parent: "I wish I'd known more about how to be a parent earlier on"

Barrier: My own parents didn't look after me very well; now I'm a parent I'm not sure how to do it very well.

Solution: Provide young people with the knowledge and skills to be caring parents through parenting training in schools. This needs to include child development and the emotional and social aspects of parenting as well as the practical skills involved in looking after children at all ages.

Barrier: I was in Care and now I'm pregnant; will my child end up in Care too?

Solution: A range of intensive support initiatives are in place for young care leavers (male and female) who become parents. Health service staff, foster carers or residential outreach staff often provide this and peer support can also be put in place. It is also available in some areas to young parents who are not care leavers but who have limited support from family and friends. However, there are worries that preventative work is being reduced because of cuts to services.

» For more detail see Practice Example C1a on page 68

» For more detail see Practice Example C1b on page 68

C2 School as the 'hub of help'

Parent: "I feel ok about talking to some of the staff at my children's school; maybe I can get help there"

Barrier: It can be embarrassing to go to special services, ones for people who need extra help – it makes us feel different and inadequate.

Solution: We heard about schools which are becoming a hub for helping children and their families where parents with a whole range of difficulties are coming to talk this over with school staff. These schools need extra support staff to do this properly. Whether schools take on this role, with its emphasis on the social and emotional aspects of education, depends on their nurturing and community ethos.

Solution: It would be helpful to place more emphasis during teacher training on attachment and emotional intelligence.

Solution: More support for children and families at nursery, primary and secondary school transition stages, including Team Around the Child meetings for all vulnerable children when they move from nursery to school.

Academies: There was discussion in some areas about the choice some academies are making to employ their own social workers. In some areas however it was thought that money is more likely to be spent more on narrow approaches to increasing levels of academic attainment rather than underpinning this by helping children to be healthy and happy so that they are more able to learn.

» For more detail see Practice Example C2 on page 69

C3-4 “Targeted” services

Parent: “What other sort of help can my family get?”

Barrier: Some of us parents have had negative experiences of schools as children which has put us off going to school staff for help. They are not always welcoming places. Other services can be hard to get into, sometimes only through social workers and we may not be referred to them early enough.

Solution: In some areas Children’s Centres are moving away from being a universal service and focusing on intensive work for families who need this. Those which remain universal must be funded to offer intensive work with the families most in need of help.

Solution: Services such as Family Intervention Projects are popular with parents, partly because staff have less families to support and hence more time to spend with families than most Children’s Social Care social workers. However, following on from the Munro Review recommendations, some areas have tried to find ways for Children’s Social Care social workers to have more time to spend with each family.

Barrier: Many of us parents don’t have the confidence to go along to places like Children’s Centres or projects which are there to help us.

Solution: Practitioners gave many examples of parents being accompanied to services and projects, even just for the first few visits until they felt comfortable about getting there and going in.

Barrier: And even when our children have a Child Protection Plan there’s not enough help for us to make the changes they ask of us. In some areas even some social workers say that there are not enough support services available to help us.

» For more detail see Practice Example C3 on page 70

Key point for practice: the TIERS of need and services (continuum)

The continuum (or windscreen model) of needs and services places children within the following tiers:

- Tier 1: Children with no identified additional needs/ Universal services
- Tier 2: Children with additional needs/single service or integrated support
- Tier 3: Children with complex needs who need integrated or targeted support
- Tier 4: Children with complex needs who need support from statutory or specialist services

In theory children can access the level of service they need at any stage and move through the range of service provision in any direction.

Practitioners tell us that there is not sufficient help for those at Tier 2 in particular and that services in general are not able to work with families at the tier or level of need for which they were designed, due to demand at either end of the continuum.

There is a filter-down effect from the high number of families who Children’s Social care staff are working with (Tier 4). It means that many Early Help and Prevention services are effectively working with families at Tier 3 level. These families’ needs are often quite complex and staff working with them can become anxious about whether they need the more specialised help of Children’s Social Care. Children’s Centres usually work with families at Tiers 2 and 3. Universal services work on the whole at Tier 1, although they are increasingly helping families at every tier.

Solution: Practitioners say there needs to be more help provided at Tier 1 and 2, to try to prevent families reaching the point where they require more intensive help.

C5 Other services

Parents: "Child and Adolescent Mental Health Service (CAMHS) staff can be hard to understand; police and housing staff can sometimes be a help, if you get the right person"

Barrier: Parents and practitioners say that CAMHS can be very rigid, for example about missed appointments, and that families find the clinic setting formal and unfriendly and that the language used can be hard to understand.

Solution: Some CAMHS staff try to create a more child-friendly environment which makes children and parents feel safe and not so 'abnormal'.

Solution: Staff from CAMHS are starting to come out to Children's Centres or similar venues to meet with parents and children.

Barrier: Services working with adults are still not working closely with staff in children's services.

Promising practice: Police Community Support Officers who visit families out of hours and talk with children and their families to offer support. Some have good links with their local Family Intervention Projects and other family support services.

Promising practice: We heard about Housing Officers in one area who offer direct support to children, particularly those whose families are involved with Homeless Services.

Solution: Increased training for those working in adult services to foster a whole family approach and be more aware of the possible consequences for children of their parents' problems, for example in relation to substance misuse or mental health problems.

» For more detail see Practice Example C5 on page 70

C6 Children with disabilities

Parent: "My child has a disability and my social worker can't find parenting support for me"

Barrier: There is a gap in services in some areas for parenting help and advice for parents with a child with disabilities. In some areas intensive family support services have become a Troubled Families service and are unable to offer families help unless they meet very specific criteria.

Solution: Specialist social workers who work with children with disabilities told us that it is beneficial for children to be part of a system of assessment and review which adheres closely to clear time-scales. Being able to call on specialist parenting support would be very useful for families who have a child with disabilities.

» For more detail see Practice Example C6 on page 71

C7 Adolescent neglect

Parent: "I can't control my teenager: does this mean I'm neglecting her?"

Barrier: Practitioners and parents say that there is a lack of help for teenagers and their parents unless young people start to get into trouble with the police or run away from home. They are often identified at a late stage when they are depressed or become physically unhealthy through for example, excessive alcohol and drug use.

Solution: Practitioners are able to think of creative ways of relating to and offering help to young people through involving them in mentoring, befriending or peer support projects. If they are attending school, school staff can also play a major part in supporting young people to overcome the effects of neglect.

» For more detail see Practice Example C7 on page 71

C28-29 Do we help children quickly enough?

Practitioner: "It all takes too long – children are living with neglect on a daily basis"

Barrier: The process of identifying children who are being neglected, putting in supports to help their family which in some cases does not make a difference to how their parents care for them is not satisfactory for children. We have to think carefully about whether shoring up the situation within the family in some cases is really desirable for the child in the longer term.

Solution: We always need to keep in mind the time imperatives for the child and minimise the time the process takes by having regular reviews of what has been achieved and whether this change is happening quickly enough for the child.

Solution: Practitioners say that there is a need for better assessment of parents' capacity and motivation to change within a time-scale that is necessary for the child.

Solution: Practitioners noted thought that if new staff become involved with a family there is a need to ensure that all past assessments and evidence are considered and that families don't get to make a fresh start with the 'new eye' of every new worker.

Facilitator: It is important that there is good communication with parents about the need for signs of progress in the child's situation and better collection of evidence of neglect, together with a full analysis of how this is having an impact on the child's health and well-being.

System changes may be required to speed up the process of getting help to children. For example, by increasing the confidence and capacity of staff at universal service level to work with children and their families and less duplication in paper work there could be more capacity within targeted and Children's Social Care services to respond before worries about a child become very serious.

» See Links to Training and Practice section in Appendix

Action on Neglect: Practice examples

A1

a) Health Centre and GP Safeguarding model

All GP practices or health centres have a Safeguarding Lead and a Named Health Visitor who links with other services. GPs attend Common Assessment Framework training and some now go to Team Around the Child (TAC) meetings with families and practitioners. There is a Safeguarding GPs Network which meets quarterly and includes training about issues such as domestic violence and substance misuse. Co-ordinated by the Designated Safeguarding Nurse, it focuses on the various aspects of health services' safeguarding responsibilities.

b) Health visitor and staff nurse mixed team model

In one area the introduction of staff nurses and nursery nurses to undertake developmental assessments and train parents in practical skills such as weaning and potty training has enabled health visitors to spend more time with families where there are more serious safeguarding worries.

c) Parent Support Advisors

One model, known as a Parent Advisory Service, employed Parent Support Advisors who parents could contact via a range of routes. Parents could self-refer and contact them through nurseries and schools or be referred by other services. Parent Support Advisors could support parents with all aspects of parenting and also wider issues such as housing, finance and accessing a range of other services. The aim was to reduce barriers to seeking help and provide a non-stigmatizing service. In some areas schools are buying in the services of Parent Support Advisors and sharing them across school 'clusters'.

A2

a) Health service approaches

Many midwives and obstetricians are skilled at working with young mothers, assessing risks to the developing child as early as possible and putting in supports early. There are examples of work with young parent users of alcohol and drugs across the UK which has been successful in offering support with underlying traumas and past experiences, rather than focusing on the parents' drug use. This has helped them to think about their care of their baby and changing patterns of engrained intergenerational child care.

b) The role of school-based staff in listening to parents

There are numerous examples of nurturing schools whose staff promote a whole family approach which extends to supporting parents as well as children

- School staff can open up a conversation with parents with 'what can we do to help you?' This requires resources and skills in listening to and understanding how to respond to what may be complex family circumstances and histories.
- School staff often have skills in building trust with parents and asking questions in a nurturing, non-threatening and 'warm' way;
- Some schools employ Parent Support staff who can undertake home visits and obtain a more holistic picture of the family's circumstances.

(The wider role of school staff in responding to and helping families can be found at C2)

B1

a) Health and social care pathways model

The Vulnerable Children's Team has a direct link from health services (community and hospital nurses and midwives and health visitors) to Children's Social Care services for health service staff to ask advice about individual families and how best to respond to them. There is a Named Nurse for the Primary Care Trust, three Specialist Nurses and a hospital liaison nurse. There is a link through to Children's Social Care through these nurses if referrals are not taken up and the Named Nurse gives supervision to health visitors if there are major worries about a family. They also receive support for managers within their local area.

b) Reaching out to parents

In addition to the models at A2 (on page 61) there are increasing numbers of Family Nurse Partnerships providing intensive interaction and support to young parents under the age of 19. Children's Centres provide outreach to parents who find it hard to walk into services looking for help.

Some areas have clear policies about children who are not brought for outpatients and regular specialist medical and dental appointments, rather than labelling them 'did not attend'.

Trauma services picking up quickly when injuries may be caused by neglect, eg depth of burns and how long untreated.

Sexual health services identifying those displaying risky sexual behaviours themselves, often a consequence of neglect.

B2

Tuning into children

We heard about examples of training in identifying neglect and attachment issues in children across all Early Years settings – childminders, playgroups and private nurseries. Staff working with children are becoming more aware of the effects of early brain development and ways in which the impact of deficits in development during the early stages of a child's life can be rectified.

The 'Five to Thrive' Guide for Parents and Carers was considered useful for parents and staff alike: <http://www.fivetothrive.org.uk/resources>

The observations which staff make when they have tuned into changes in a child's demeanour and behaviour can be analysed carefully and translated into clearly worded referrals to or used as a basis for discussions with other services, if neglect or parenting difficulties are suspected.

B3

Joint working across services

There are many examples of staff from across services working together to support families. This may take different forms and can involve joint visits to the home on some but not necessarily all occasions and which can work particularly well if one of the practitioners is known and trusted by the family. The staff can perform different functions, for example, one may offer an empathic approach and the other a more authoritative one, although this must be managed carefully. It can help to ensure that staff from different services working with the family have a clear understanding of each other's roles and the messages which the parents are receiving about what needs to happen to keep the child safe. It also offers different perspectives when considering the impact of the family's circumstances on the child.

Practitioners say that while there's not always capacity to do this, it can work well and potentially save staff time at a later stage if it avoids the family situation worsening.

B4

Assessing parents' motivation and capacity to change how they care for their children

There are a number of helpful frameworks and tools which can help practitioners make decisions about this. Some can be found in the Useful links to Training and Practice Tools section of this pack in the Appendices. Practitioners suggest that part of their role is to consistently focus on and if necessary reframe what is happening within the family in relation to the impact and effects on the child. A parent's ability to see situations from the child's point of view is likely to be crucial in decisions about parents' motivation and capacity to change.

B5

Modelling the CAF form and how it is used

A number of areas have developed models to encourage a more consistent approach to completion and use of the Common Assessment Framework form. In some this there are now CAF Champions and social care staff (usually) whose role is to model the most effective ways of encouraging parents to take part in completing them, writing them up in a way that is acceptable to families and useful for all services involved with the family and ensuring that they are only completed when necessary. We heard about multi-agency groups in some areas which review CAF forms to see if they are needed. They are not generally used without good reason, for example if one service can offer support without others being involved.

B6

a) Moving children's situations along if services and families become 'stuck'

In one area there are Children's Social Care social workers part of whose role is to review the situation when there has been insufficient action, for whatever reason, following completion of CAF form or Team around the Child meeting to try to guard against 'drift' for the child. Staff from any service which has instigated these processes can contact these social workers to discuss the best ways to move things along.

b) Integrating Common Assessment Framework and other paper work

Although many practitioners recognise the benefits of the CAF form, particularly when it leads to early help for families, it is seen by some as onerous and repetitious, particularly if separate forms needed to be completed for each child in a large family. Some areas have simplified the CAF form to make it more practitioner and family-friendly.

In some areas services have been able to merge the information collected for a CAF form into the other paper work required by the individual service for example, Pastoral Support Plans in some schools incorporate CAF forms and we heard about Children's Centres where individual family's case notes fed into CAF forms as they were updated.

B7**a) Family meetings or Team Around the Child**

In one area we heard about a designated social work manager based within Children's Social Care services who models the role of co-ordinator and chair of TAC meetings for those new to the role and can continue to do so until the person who needs to take on the role feels confident in undertaking it. This includes holding pre-TAC meetings with the family to prepare them for the meeting and to enable them to meet the chairperson beforehand.

This person also provides a consultation and advice-giving role between universal, targeted and Children's Social Care services staff. This provides a link between universal and targeted services staff into the Duty Social Care Team, primarily to talk over risks and whether the child's situation has reached a point where a Social Care Assessment might be required. This is seen as particularly useful where there is suspected emotional abuse and neglect

Advice is given about what should happen next and if required the family can be 'stepped up' to a social care referral without delay.

This 'bridging manager' attends meetings held by other services such as the Vulnerable Families Meetings in Family Centres. The role is proving beneficial in enabling families to receive help at an 'earlier stage of intervention' and is being extended to two new similar members of staff who will be sited in schools and who will perform a similar role.

b) Effective Common Assessment Framework and Team Around the Child pathways

In one area staff at the Pupil Referral Unit for teenage pupils who are pregnant have developed a very effective system of involving other services in the CAF process and participation in family or Team around the Family/Child meetings.

We also heard about a family service which works with both parents and children affected by parental substance misuse. This organisation has a well developed Team Around the Child system which involves support staff from both adult and child-focussed services. As a family-centred Drug and Alcohol Team staff within it also do resilience-based work with whole classes of children in schools.

B8

a) A family focussed early intervention social care team

The progress report of the Munro review of Child Protection (Munro, 2012) outlines a number of pilot schemes to reconfigure Children's Social Care teams so that work can be directly undertaken with families at an 'earlier stage' and without delay. We heard about examples of teams which had been able to respond to families quickly, had worked intensively with them and who had been able to prevent difficulties from becoming worse to the point where children had been prevented from experiencing neglect. It had been effective with many although not all families. We were told that it had been so successful that neighbours of one of the families had asked for social work help too, which this practitioner had not experienced in her career before.

b) Informal discussion opportunities

Many Children's Social Care services teams have contact or consultation lines which offer a 'place to go' with worries about children, especially for staff in universal services and schools. It is helpful if people can put faces to names or have named social workers they can talk to.

c) Pathways through services

Many areas have developed pathways between services that practitioners say work well at a local level where there are good relationships between staff across services. While systems can be useful there is a need for flexibility:

Practitioners told us: 'It's about keeping the family on-side and having a plan (whatever it's labelled as). We need to be flexible about this and work with what suits the family, even if it's not following a recognised pathway through services. It might be a CAF, Child in Need or Child Protection plan with targeted family support continuing to work with the family even though CSC staff might be involved down the line; we want to avoid families bouncing between services and having to get to know too many people'.

B9

a) Family-friendly forms

At least one area has developed Children's Social Care services Initial and Core assessment forms which are written and presented in a family-friendly way and which social workers also find easier and more useful to complete.

b) Information sharing

One area has a new system which aims to aid the flow of information between services (funded by the Social Work Improvement Fund stemming from the Munro Review). Practitioners are finding it a user-friendly database and case recording system to use and in time it will also enable assessments, in the form of e-CAFs to be shared across statutory and some third sector services, although all practitioners will need to be part of a secure information sharing system before they can be included.

C1

a) Parenting skills training

There are initiatives in schools, starting with children at primary school age, to teach and model emotional literacy skills – how to understand and respond thoughtfully to other people and develop co-operative relationships with peers and younger children (as well as with adults). This pro-social modelling can be built upon in secondary school and included in Personal and Social Education classes to look at babies' and children's emotional, social and practical needs.

For those young people who are not at school, this is more difficult to provide and parent skills training for young parents often takes place prior to and in the early stages of a child's life. These are often health service-based initiatives (see also A2 on page 61) and include:

Midwives and obstetricians working with young mothers and assessing risks to the developing child as early as possible, putting in supports early

Family Nurse Partnership providing intensive interaction and support to young parents under the age of 19

Work with young parent users of alcohol and drugs which address the needs that made them take drugs.

b) Intensive support for young parents

Practice examples include schemes such as Baby Buddies which involves volunteers working with young parents to support their care of their babies in a more informal way than the help offered by services such as health visiting. Community Child-minders in one area are seen as a valuable source of support to parents. They have a wider role than offering care to children but also act as mentors and advisors to their parents.

C2

a) The school as the 'hub of help'

We heard that some schools are increasingly being approached by parents asking for help with a range of issues – not just related to parenting but with housing and money worries for example. Parent support staff are developing knowledge and resources in helping parents with these problems or knowing where to direct them for help and supporting them to do so.

- Parenting Support Workers in some schools go out to homes to see how things are for the child and offer parents support; they will also accompany parents to meetings and appointments at other services, for example Child and Adolescent Mental Health Services (CAMHS).
- Some Academies are paying to have social workers in their schools or in school clusters who liaise closely with local authority Children's Social Care services; it is anticipated that this might mean that parents see social work help as acceptable and not as stigmatizing.
- The school staff can often take the role of advocate or mentor for the child, if they have a good relationship; sometimes Children's Social Care social workers ask school staff to do this, for example to be the child's support person at meetings.
- Some children find school nurses easy to approach for help, especially if their room is welcoming and easy to 'slip into'.
- Some schools have facilities for other services to be based on their premises or come in to meet parents, as this is often closer for parents to get to and often more welcoming than office premises which may not be local.

Head teachers say that school staff who have a nurturing ethos have to do more than 'do it by the book' – rather, they have to take part in and challenge the professional debate about how best to provide help for families. School staff often do well when they think 'outside the box' and when they work with families individually and creatively it can pay dividends. They can focus on the needs of their own school community and neighbourhood.

Other initiatives include the Primary Project (in primary schools) and the Secondary Project (in secondary schools) which is described as an early intervention CAMHS and offers play and art therapy and family and child counselling.

Also there are initiatives which have social workers either directly linked to individual schools or are available to clusters of schools through 'early help teams' led by social work qualified team managers.

b) Education-based support for teenage parents

There are examples of highly regarded Pupil Referral Units which support school-aged mothers (and if possible also involve fathers) in learning how to care for their babies, emotionally and practically, while also enabling them to continue their education. This model can be highly successful in ensuring that babies are well cared for, that young parents have a good grounding in the needs of children and enables young parents to continue with and recognise the importance of education for themselves and their children.

C3

Intensive support for families

There are many models of Family Support, based in Family Centres (usually run by third sector organisations) and Family Intervention Projects. Families generally find their approach helpful and supportive. Parents who are resistant to help sometimes do not make themselves available for support from these projects. Staff can be authoritative as well as caring but it sometimes needs the legal 'authority' of statutory services to make parents 'sit up and take notice', and even then many do not. Where parents refuse to make use of such support on a voluntary basis and the children are at risk of suffering significant harm statutory measures will be required.

See also B14a on page 66.

C5

Mental health service initiatives

A new model in one area is a pilot support project for children affected by their parents' mental health. An adult mental health professional will work with a Children's Social Care Service mental health social worker to support children and young people on an individual and group basis while also offering support to their parents.

C6

Help for children with disabilities who are at risk of neglect

It was suggested that there is often a gap in understanding and co-ordination between children's disability and child protection teams. Good practice would seem to be based on:

Professionals working jointly (across education, health services and social care) with a crucial role for a lead professional to ensure that help is co-ordinated and that joint responsibility doesn't lead to each thinking that another professional is checking that all is well for the child and resulting in the child slipping through the net.

C7

Adolescent neglect

There is increasing research about interventions which help young people who have or are still experiencing neglect and also about parenting programmes which support parents to develop a warm and authoritative parenting approach. This approach combines basic physical care and safety with love, emotional warmth, stimulation, guidance and consistent boundaries.

A resilience-led approach can also be adopted by staff working with young people across a range of settings. Ideas about how this approach can be promoted and other practice knowledge about working with neglected teenagers can be found in:

'Neglect Matters: A multi-agency guide for professionals working together on behalf of teenagers' by Lesley Hicks and Mike Stein (2010)

» There is a link to this in 'Links to Training and Practice' in the Appendix

Further points raised by practitioners:

Ofsted inspections

Following the Munro Review, Ofsted is introducing new joint multi-agency inspection arrangements for the protection of children. The inspection includes a focus on early help for children and young people at risk of harm who have been identified by local partners where services are provided or commissioned. The new arrangements are an opportunity to provide an incentive for local authorities to work with partners to provide early help to neglected children. But this will only work if the effectiveness and number of early help services is given sufficient weighting within the final Ofsted grading to ensure that it is treated as a priority. Funding cuts and a renewed emphasis on Learning and Attainment in schools with new Ofsted inspection indicators in England (Ofsted, 2012), which are seen to not place a value on welfare-focused work within schools were also viewed as threats to this work. (Burgess et al. 2013)¹

Practitioners were concerned that inspection arrangements would impact on how early intervention services were delivered. Schools are not measured on their capacity to nurture, and social and emotional factors which may influence a child's capacity to learn are not taken into account. There are some worries that resources that are currently being used to support children may be redirected into attainment. However there was support for the emphasis on the child's journey through services in the new inspection framework.

A child's journey through the courts

There was considerable frustration in some areas about the length of time it can take for Care proceedings to be resolved and the adversarial and often non-child focussed direction that proceedings take. Practitioners were pleased to hear about the Court Proceedings initiatives, outlined below, but felt that at a local level there was a need for magistrates, lawyers and barristers to have a better understanding of the effects of neglect on the child, with a renewed emphasis on child-centred decisions, rather than those which privilege parental rights.

Care proceedings pilot

The government's response to the Family Justice review included introducing a time limit of 26 weeks for care proceedings; this commitment is now stated within the Children and Families Bill 2013.

The pilot launched by three London councils has significantly reduced the duration of care proceedings cases, and is seen to be an effective way of achieving the Government target of 26 weeks.

Written evidence from the Tri-Borough Care Proceedings Pilot can be found at:

<http://www.publications.parliament.uk/pa/cm201213/cmselect/cmjust/739/739we11.htm>

1. Burgess, C.; Daniel, B.; Scott, J.; Mulley, K. and Dobbin, H. (2013) *The State of Child Neglect in the UK: An annual review by Action for Children in partnership with the University of Stirling*. Watford: Action for Children

Key elements of the scheme include:

- The inclusion of all care proceedings in respect of children who have suffered significant harm, including adoption;
- The appointment in all cases of a Children and Family Court Advisory and Support Service (Cafcass) guardian before the first court hearing.
- Specially designated days at the for cases being heard under the pilot;
- Wherever possible, the same judge throughout a case to ensure continuity and further speed up proceedings; and
- A dedicated case manager who also oversees and co-ordinates all care cases going through the pilot, “maintaining quality and focus for each case and ensuring it is on track to meet the six-month timeframe”. The manager also conducts case reviews after each case is concluded, to incorporate lessons into future best practice and continue improving the system.

Family Drug and Alcohol Court pilot

Family Drug and Alcohol Courts (FDAC) are offering multi-disciplinary interventions and assessments of children and their parents. Under the FDAC system, parents are get-

ting immediate access to substance misuse services. Families are also benefiting from the court’s assistance in addressing other issues affecting their ability to parent, such as housing, domestic violence and financial hardship. Children can also receive specialist help such as speech and language therapies and access to early education.

Findings from the FDAC Evaluation Final Report¹

- Substance misuse: more FDAC parents controlled their misuse.
- Reunited families: higher rate of FDAC family reunification.
- Services: more FDAC parents engaged in treatment and other services.
- Length of proceedings: a more constructive use of court time.
- Costs: savings for local authorities and potential savings for courts and the Legal Services Commission.
- Parents and professionals want FDAC to be extended

2. Harwin, J., Ryan, M., Tunnard, J., Subhash, P., Alrouh, B., Matias, C. and Momenian-Schneider, S. (2011) The Family Drug and Alcohol Court Evaluation Project: Final Report. Brunel University. <http://www.lag.org.uk/files/93967/FileName/FDACEvaluationFinalReportHighlightsMay2011>



Section C

Wider Context

Theoretical bases of practice: Child neglect

Effective practice with neglect has to be grounded in a sound understanding of children's developmental needs, parenting capacity and the impact of family and environmental factors.

Theory indicates that it is important to consider different layers of factors including those relating to the individual child, the family, the wider community and the social structures. Theory also highlights the importance of considering the impact of the family's past experiences on the present. This framework recognises that development and behaviour of individuals can only be fully understood in the contexts of the environments in which they live. Development is a dynamic process shaped by interactions between the environment, caregiver and child; as well as interactions of previous experience with current functioning. It is important to take account of individual, family, social and structural factors affecting development, the relationship histories of parents and the quality of children's early attachments (Brandon et al. 2008)¹. Such an ecological approach is especially important for neglect because of the complex interplay of socio-economic deprivation; parental factors such as substance misuse and domestic abuse and children's developmental needs.

Crucially when considering neglect, the attention to relationships provides a framework for consideration of relationships between parent and child, worker and service user and between practitioners. Practitioners can also draw on concepts of resilience which are helpful for understanding the factors associated with better outcomes for children in the context of adversity such as chronic neglect.

Putting theory into practice: useful references

Ecological theory

Jack, G. (2001). Ecological perspectives in assessing children and families. In J. Horwath (Ed.), *The Child's World: Assessing Children in Need*. London: Jessica Kingsley.

Attachment theory

Howe, D. (2001) 'Attachment' In J. Howarth (ed) *The Child's World*. London: Jessica Kingsley.

Resilience-based approaches

Hill, M., Stafford, A., Seaman, P., Ross, N. and Daniel, B. (2007) *Parenting and Resilience*. York: Joseph Rowntree Foundation.

1. Brandon, M., Belderson, P., Warren, C., Howe, D., Garnder, R. & Dodsworth, J. (2008) *Analysing Child Deaths and Serious Injury Through Abuse and Neglect: What Can We Learn? A Biennial Analysis of Serious Case Reviews 2003-2005*. London, Department of Children Schools and Families

Practitioner group meetings: Research summary 1

Understanding neglect

We have formal definitions and frameworks for describing and understanding neglect but balancing what help we can see a child requires to meet their needs with system requirements has become complicated.

Neglect as ‘act of omission’ makes it harder to evidence.

Horwarth (2007) identified the following domains.

- **Medical neglect** – minimising or denial of a child’s health needs
- **Nutritional neglect** – often associated with failure to thrive or, more recently, obesity and lack of exercise
- **Emotional neglect** – being unresponsive to the child’s basic need for emotional interaction and support, perhaps causing damage to the child’s self-esteem
- **Educational neglect** – lack of normal stimulation in early years, failing to ensure attendance at school and to support learning in middle childhood
- **Physical neglect** – failure to provide appropriate living conditions, food, and clothing.
- **Lack of supervision and guidance** – inadequate supervision to ensure the child’s safety, and in later childhood not providing essential information and guidance about common risks (for example, alcohol misuse).

Categories of neglect identified by Crittendon (1999) and developed by Howe (2005) and Stevenson (2007)

- **Disorganised:** driven by chaos and crisis, parenting driven primarily by feelings
- **Emotional:** absence of empathy, materially ok, not good at forming relationships
- **Depressed:** withdrawn and dulled parental characteristics, unresponsive

Cumulative harm (Bromfield and Miller, 2007)

Cumulative harm refers to the effects of multiple adverse circumstances and events in a child’s life. The unremitting daily impact of these experiences on the child can be profound and exponential, and diminish a child’s sense of safety, stability and wellbeing.

Cumulative harm may be caused by an accumulation of a single recurring adverse circumstance or event (e.g., unrelenting low level care), or by multiple different circumstances and

events (e.g., persistent verbal abuse and denigration, inconsistent or harsh discipline and/or exposure to family violence).

Teenagers: showing effects of chronic neglect and cumulative harm through actions and behaviours or parental acts of commission such as being thrown out of the home or inclusion in drugs/alcohol use. (Hicks and Stein, 2010)

A child-focussed framework (Daniel et al, 2011) might be built around three questions that a child can ask of us:

1. What do I need to grow and develop?
2. What do I need people to think about?
3. What do I need people to do?

References

- Bromfield, L and Miller, R. (2007) *Specialist Practice Guide; Cumulative Harm*. Melbourne, Australia: State Government Victoria, Department of Human Services.
- Crittendon, P.M. (1999) ‘Child Neglect: Causes and Contribution’ in H. Dubowitz (ed.) *Neglected Children: Research, Practice and Policy*. London: Sage.
- Daniel, B., Taylor, J., Scott, J. with David Derbyshire and Deanna Neilson (2011) *Recognising and Helping the Neglected Child: Evidence-Based Practice for Assessment and Intervention*. London: Jessica Kingsley
- Hicks, L and Stein, M. (2010) *Neglect Matters: A Multi-Agency Guide for Professionals Working to Safeguard and Promote the Welfare of Children*. London: HM Government
- Horwarth, J. (2007) *Child Neglect: Identification and Assessment*. Houndsmills: Palgrave Macmillan
- Howe, D. (2005) *Child Abuse and Neglect: Attachment, Development and Intervention*. Houndsmills: Palgrave Macmillan
- Stevenson, O. (2007) *Neglected Children and their Families*. Oxford: Blackwell

Practitioner group meetings: Research summary 2

Responding to neglect

Although 'response' has usually been taken to mean the referral process we are looking at it as 'response' in relation to:

- a) What we do and say to children and their families as an initial response AND
- b) Involving other professionals

From the child's point of view it's about both the above - the initial actions we take when we are worried about a child

a) What we do and say to children and their families

- The emphasis on universal services, such as schools and health visitor services to respond to and undertake more direct work with children and their families is not backed up by evidence and research as to the best ways to do this (Daniel et al, 2011¹)
- We know from practice knowledge that help provided by services such as Home Start, health visitors and allied professionals, school nurses, Home School Link workers and classroom-based staff encompasses practical, emotional and social supports but this knowledge needs to be shared to aid development of similar services in other areas.
- A small study by Maggiolo (1998) describes ways in which teachers can provide 'islands of safety for neglected children' in schools by helping them to develop self-control and self-worth, by acknowledging their feelings and offering opportunities for choices and exploration. While the child's situation should be reported, there are actions that can be taken to help.
- The health visitor role, as described in the governmental report 'Facing the Future' describes both leading and delivering the child health promotion programme using a family focused health approach and delivering intensive programmes for the most vulnerable children and families.
- Universal service staff and those on the cusp of informal and formal support systems can have an important role as mediators or ambassadors to introduce to and encourage parents to accept the idea of involvement with targeted support services (Daniel et al, 2011).

Nursery and primary schools can and do provide very valuable, intensive nurturing to extremely vulnerable children. However, at present these initiatives can often be short-term and informal. There is a danger of them ending abruptly when a child or staff member moves on. Moreover, poor co-ordination with the work of other agencies, including children's social care, at both an individual and a strategic level can undermine the value of such programmes. There is a danger that they will temporarily mask the level of abuse and neglect present in a family so that parents' needs are not fully addressed and opportunities for children's social care to intervene (including through timely separation) are lost.

Ward, H., Brown, R., and Maskell- Graham, D. (2012) *Young children suffering or likely to suffer significant harm: experiences on entering education*. Department for Education

1. Daniel, B., Taylor, J., Scott, J., Derbyshire, D and Neilson, D. (2011) *Recognising and Helping the Neglected Child: Evidence-Based Practice for assessment and Intervention*. London: Jessica Kingsley Publishers

b) Involving other professionals

- Research suggests that practitioners in universal services have to date been unsure about the point at which something has to be done (Daniel et al, 2011), partly because of the lack of clear 'thresholds' for social care intervention and the experience of referrals being 'knocked back'. Processes now in place to aid multi-agency discussion and consultation should help address this and it will be interesting to see if it is making a difference.
- A study by Baginsky (2007) looked at what happened when a child protection referral was made by staff in 43 schools in three local authority areas in England. She found that experiences of referring on and being 'knocked back' by gate-keeping agencies discouraged future referrals and sometimes led to a Catch 22 scenario:

The level of frustration and tension described by both professions was high and there was a sense amongst teachers that referrals from schools were the least likely to receive a response. It was evident that thresholds for intervention operated by social workers in the three areas were not clear to other agencies. Based on their experience of child referral processes, school staff were inclined to define their concerns as child protection rather than child in need, to get a more effective response. In turn, because of the pressures on social services these may well be the referrals which did not receive a response and meant a referral only received attention when it became acute.

Baginsky, M. (2007) *Schools, Social Services and Safeguarding Children: Past practice and future challenges*. NSPCC

One study explored what social care service staff took into account in decision-making:

Analysis suggested that social workers evaluated referral information on five key dimensions:

- The specificity (clarity and detail of info) of harm to a child or children
- The severity of such harm
- The risk of future harm
- Parental accountability
- The extent of corroboration of the referral information

The researchers concluded that: in terms of our understanding of how to protect children, the concept of a simple continuum of abuse is no longer meaningful; a more holistic understanding of the child's circumstances is required.

Platt, D. (2006) Threshold decisions: how social workers prioritise referrals of child concern. *Child Abuse Review* 15 4-18

- There is a need for clarity about what each agency then does, what can be done at a universal level and the role of other agencies. Universal services staff may be anxious about undertaking direct work with children and families to address worries and being seen to 'hang on to the situation' for too long.
- Staff from across universal services are more likely to refer children if previous reporting led to a good outcome for a child (Mitchell et al, 1999²)
- Evidence suggests that protocols and guidelines are not a sufficient spur to response. Trust, relationships, communication, anxiety and confidence, the human factors, all affect willingness to act on concerns (Daniel et al, 2011)

2. Mitchell, L.M., Turbiville, V., and Turnbull, H.R. (1999) 'Reporting Abuse & Neglect of Children with Disabilities: early childhood service provider's views'. *Infants and Young Children* 11(3)

Practitioner group meetings: Research summary 3

Helping neglected children

The literature about what works in relation to interventions with children who are experiencing neglect and their families is fairly sparse. Although the initial research which led to this project did not look specifically at interventions, the subsequent book 'Recognising and Helping the Neglected Child: Evidence-Based Practice for Assessment and Intervention' does outline what we know, drawing on a range of sources.

Thoburn's review (2009) reviewed effective practice in working with children and families at risk of significant harm. It concluded that no single service method or approach had been identified as being particularly effective but that an overall package of interventions was likely to be required to support families.

Moran (2009) noted that few interventions specifically target neglect. Moran and later Barlow and Scott (2010) conclude however that, while it is difficult to pinpoint which individual interventions work, there are key elements of practice which appear to be necessary for effective work with families where there is neglect or suspected neglect.

General points about interventions

- Interventions need to offer **long-term support** for very vulnerable parents in order that the benefits of short term and focused interventions can be sustained and prevent therefore the re-referral syndrome commonly seen in cases of childhood neglect dealt with multi-professional teams and networks
- Interventions need to be **multi-faceted** and deal with all aspects of neglect, both personal and practical in order to treat the whole 'system.' Close working and analysis of service effectiveness with practitioners across all agencies is needed to turn this into reality and thus avoid case 'drift.'
- The provision of a **supportive yet challenging relationship** to a vulnerable parent and/or child or young person is critical to enable the vulnerable person to have the confidence to face issues and make the changes. Support offered outside such a relationship is likely to be experienced by family members as demanding or instructive and whilst there are cases where this approach is necessary, it is an approach less likely to reduce neglect within the family.

- Activities and work towards **improving the self-esteem of children, young people and parents** and carers is highlighted as a feature of effective interventions. Achievement can strengthen resilience for vulnerable families and this resilience can in turn provide confidence to parent in improved ways and to deal more effectively with some of the omissions of care.

- Help may need to be on-going and offered in some form at **later as well as early stages** of the identification of difficulties.

- They should take into account **protective as well as risk factors**

- It is important to involve **fathers and male care-givers** as well as female ones

Intervention that aims to improve the relationship between the child and parents can improve attachment relationships and the parents' attunement to the child's needs.

Howe (2005) describes four different points of focus in interventions in order to achieve this:

1. Enhancing parents' sensitivity and responsiveness to their infant by changing parenting behaviour
2. Changing parent's working model/mental representation of relationships through increasing insight and reflective capacity
3. Providing enhanced social supports for parents
4. Improving maternal mental health and well-being

A long-term rather than episodic relationship enables the following elements to be addressed:

- Modelling: assisting people to establish and maintain satisfactory interpersonal relationships
- Practicalities: an understanding of the family members' day-to-day experiences enables the professional's relation-

ship with them to be used to discuss and solve the practical difficulties they encounter

- Managed dependence (Tanner and Turney, 2003): interventions and plans that build in this concept aim to avoid both the start-again and revolving-door syndromes.

Other key messages

1. Intervention aimed at tackling the core issues leading to the concern in the first place is essential. If there are factors that are known to be affecting parenting, such as substance misuse, mental health issues or domestic abuse then they must be directly targeted.
2. Direct work with children is often neglected but in the long run may have the most beneficial effects – especially in situations where parents' problems are seriously entrenched.
3. Working in partnership with schools to provide support for children's emotional, cognitive and behavioural development is essential. School-based support can be linked with wider classroom initiatives aimed at building self-esteem and self-efficacy.
4. Neglected children need the expertise of all key disciplines and no one profession is likely to be able to provide all the support that children need to flourish. Therefore the resources and expertise of all should be pooled so that the resulting whole is greater than the sum of its parts.

Interventions

A number of types of approach have been evaluated for their effectiveness and some show promise in relation to neglect. These include:

Parent education and support, for example, specific programmes such as 'Strengthening Families' for parents who misuse substances;

Parent and child focussed interventions such as preschool parent psychotherapy (PPP) and Video Interactive Guidance (VIG);

Family-focussed interventions including social network-based ones which aim to decrease social isolation for families;

Home visiting projects such as the Community Mothers Programme, based in Dublin.

School-based work such as the Social Workers in Schools (SWIS) project in New Zealand

Therapeutic interventions such as Multi-Systemic Family Therapy (MST)

Direct work with children for example play therapy and resilience-based work to enhance children's protective factors.

More detail of these interventions can be found through the following link to Moran's report for Action for Children:

http://www.actionforchildren.org.uk/media/143188/neglect_research_evidence_to_inform_practice.pdf

References

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- Thoburn, J. (2009) *Effective Interventions for Complex Families where there are Concerns About, or Evidence of, A Child Suffering Significant Harm*. Centre for Excellence and Outcomes for Children (C4EO), London.



Section D

Appendix

Useful links to training and practice tools

Childhood Neglect: Improving Outcomes for Children training materials (Department of Education, 2012)

These training materials, written by researchers and practitioners from the University of Stirling and Action for Children, contain guidance and training resources to assist practitioners from all key disciplines to develop the knowledge, skills and values required to work effectively as part of a network of support and protection.

<http://www.education.gov.uk/childrenandyoungpeople/safeguardingchildren/childhoodneglect>

Healthy Child Guidance (Department of Health, 2009) sets out the recommended framework of universal and targeted services for children and young people to promote optimal health and wellbeing.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108866.pdf

Framework for the Assessment of Children Practice Guidance

(Department of Health, 2000)

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4014430.pdf

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4079383.pdf

Family Pack of Questionnaires and Scales

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4079384.pdf

Aiming High for Disabled Children: Better Support for Families

(Department for Education and Skills, 2007a)

<http://www.dcsf.gov.uk/everychildmatters/healthandwellbeing/ahdc/AHDC>

Common Assessment Framework and Team Around the Child Practitioner Guides (Children's Workforce Development Council, 2007)

<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFES-0337-2006>

<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/IW93/0709>

Overcoming Obstacles: Barriers affecting practitioners' engagement with the Common Assessment Framework process and the Lead Professional (Children's Workforce Development Council, 2010)

https://knowledgehub.local.gov.uk/c/document_library/get_file?uuid=2caf27a5-7c17-4c92-a654-86e0b3f2df13&groupId=6573853

Use of the Team Around the Child Model (TAC) for the 11-14 Year Age Group. (Children's Workforce Development Council and Social Information Systems, 2009)

https://knowledgehub.local.gov.uk/c/document_library/get_file?uuid=08e5912e-6464-4f98-a70c-fe00f6f8e84f&groupId=6573853

'Children's Needs – Parenting Capacity': Child abuse: parental mental illness, learning disability, substance misuse and domestic violence 2nd Edition (2011) by Hedy Cleaver, Ira Unell and Jane Aldgate provides updated evidence on:

The impact of parental problems, such as substance misuse, domestic violence, learning disability and mental illness, on children's welfare. Research has continued to emphasise the importance of understanding and acting on concerns about children's safety and welfare when living in households where these types of parental problems are present.

<https://www.education.gov.uk/publications/RSG/AllRsgPublications/Page11/DFE-00108-2011>

Lancashire Safeguarding Children's Board have produced a hand-out based on the work of Jan Howarth and Tony Morrison on **'Assessing Parents' Capacity to Change'**:

<http://www.hertsdirect.org/docs/pdf/c/captochange.pdf>

An article which considers the knowledge and strategies available to practitioners working to promote the health and safety of vulnerable children while maintaining their own wellbeing in challenging and sometimes dangerous circumstances:

Tuck, V. (2012) *Resistant Parents and Child Protection: Knowledge Base, Pointers for Practice and Implications for Policy*. Child Abuse Review Online (wileyonlinelibrary.com) DOI: 10.1002/car.1207

A useful guide to working with teenagers 'Neglect matters: A multi-agency guide for professionals working together on behalf of teenagers' by Lesley Hicks and Mike Stein can be found at:

<https://www.education.gov.uk/publications/standard/Integratedworking/Page1/DCSF-00247-2010>

Action for Children report about **Children's Views of Neglect** (2010)

http://www.actionforchildren.org.uk/media/52188/seen_and_now_heard_-_child_neglect_report.pdf

A report written for Action for Children which gives an overview of **research evidence to inform practice in working with neglect** (Moran, 2009)

http://www.actionforchildren.org.uk/media/143188/neglect_research_evidence_to_inform_practice.pdf

Scotland's Getting It Right For Every Child practice briefings (Scottish Government, 2010)

These are included in this list as they are referred to in the book on which the Action on Neglect project was based and include useful practice examples which are transferable to the English context.

<http://www.scotland.gov.uk/Topics/People/Young People/gettingitright/publications/practice-briefings>

<http://www.scotland.gov.uk/Resource/Doc/1141/0109332.pdf> (for My World Triangle)

Glossary of terms and description of main initiatives

Children in need are defined in law as children who are aged under 18 and:

- need local authority services to achieve or maintain a reasonable standard of health or development
- need local authority services to prevent significant or further harm to health or development
- are disabled

The Common Assessment Framework is a key part of delivering frontline services that are integrated and focused around the needs of children and young people. It is a standardised approach to conducting a holistic assessment of a child's or young person's 'additional needs' and deciding how those needs should be met in a co-ordinated way. It has been developed for use by all professionals across children's services in England so that they can communicate and work more effectively together.

Family Nurse Partnership is an evidence-based, intensive and preventive programme for vulnerable, first-time young parents. Specially trained family nurses visit parents from early pregnancy until the child is two years old. The goal of the FNP is to improve antenatal health, child health and development and parents' economic self-sufficiency. Building on the relationship, the programme guidelines, methods and materials guide mothers, and fathers if present, to care well for their child physically and emotionally.

Family Intervention Projects provide targeted whole-family support, including health services for some of the most at-risk children and families in the country. All LAs are receiving funding to provide support and challenge to families with multiple problems. These projects deliver a multi-agency support package that addresses the needs of the whole family. A key worker works closely with the families co-ordinating services, such as CAMHS, adult mental health services and young people and adult substance misuse services. They also provide practical support such as parenting and life skills.

Local Safeguarding Children Boards are the statutory body responsible for protecting children and young people from significant harm and for promoting their welfare. Working in partnership with a range of agencies and organisations, they support the effective implementation of national legislation and guidance which aims to protect and safeguard all children and young people.

Sure Start children's centres support young children under 5 and their families by providing easy access to services such as: integrated early education and care; health, parenting and family support; links to training and employment opportunities; and information and help from multidisciplinary teams of professionals.

A '**step up and step down**' approach means that families can be provided with more formal and/or intensive types of help if required but can also access informal, that is non-statutory, help if their support needs reduce, without going back to the beginning of a referral process.

The **Team Around the Child** or TAC is a model of multi-agency service provision. The TAC brings together a range of different practitioners from across the children and young people's workforce to support an individual child or young person and their family. The members of the TAC develop and deliver a package of solution-focused support to meet the needs identified through the common assessment.

The **Team Around the Family** approach brings together relevant practitioners with the young person, child or family to address unmet needs. The Team Around the Family work together to plan co-ordinated support from agencies to address problems in a holistic way through an agreed written support plan which clarifies each team member's responsibilities.

Third sector agency is a term used interchangeably with voluntary, charity or non-statutory sector and encompasses organisations which are neither public nor private sector. They are usually not-for-profit providers of services and often campaigning and community based agencies.

The **Troubled Families Initiative** is a Government-led intervention which has identified 120,000 families in England who have long-standing problems which can lead to their children repeating the cycle of disadvantage. These may include child protection issues and school exclusions, domestic violence, relationship breakdown, mental and physical health problems and isolation. The Government has put in resources to incentivise and encourage local authorities and their partners to develop new ways of working with families, which focus on lasting change.

Practitioners' comments about participating in this project

Practitioners appreciated being given the research evidence about neglect and also having the link to the Childhood Neglect: Improving Outcomes for Children training materials (Department for Education).

"Really enjoyed the diversity and quality of information which has supported my reflective practice"

"Very relevant to my work and future developments"

"Useful discussions about case management"

Practitioners said they had been reminded to think about how it may be for children experiencing neglect

"Helped me to hear the experience of the child"

"I learnt to consider things from a child's perspective"

"Interesting and thought provoking, the most notable thing was the different way that children and parents described neglect"

Some also learnt that neglect is complex

"How important it is to consider the cumulative impact of neglect...a reminder that we can get bogged down in the parents' difficulties."

"I have learnt that all of us find neglect harder to pinpoint than other protection issues"

Practitioners found it helpful to discuss neglect with multi agency and disciplinary colleagues

"Sometimes frustrating that other services poorly understood issues for own service or issues for families, so important we keep communicating"

"Was a great forum to learn from other professionals, their perceptions of neglect"

And how helpful it is to work together

"It was good to get different perspectives on neglect and to hear what other teams, practitioners, schools were doing, we need more joined up working...."

"I have learnt that sharing positives and negatives with colleagues, gives us an opportunity to improve practice."

Practitioners also asked: "Where do we go next?"

Young people and parents' comments about participating in this project

The young people we met with told us that:

It was good to hear other young people's experiences and find out that others had been through some of the same things when they were younger

They found it helpful to be listened to by adults who had plenty of time to talk with them in a relaxed way

They liked the idea of writing the letter and addressing it directly to professionals

They are involved with consultations and training locally and would like to be involved in national project like this one again if the chance came up

The parents we met with commented that:

Meeting in a group and hearing what the other parents had to say helped them feel supported

They were pleased to be given the opportunity to feed back what it felt like to receive services – it made them feel that their opinions mattered

The letter to professionals had reflected their views well, more than they thought it might when we first suggested doing it

One parent had found it hard to talk about her experiences and was pleased to be able to put them down on paper instead (she wrote us a letter after the second meeting)

We would like to thank the Economic and Social
Research Council for funding this project.

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An electronic version of this pack can be found at:

<http://stir.ac.uk/9b>

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Designed by Primate

ACTION ON NEGLECT



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STIRLING**