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**Evidence for
Excellence in
Education**

Final Report

**‘We should have been
helped from day one’:
a unique perspective
from children, families
and practitioners**

Findings from LARC5

**National Foundation for Educational
Research (NFER)**



‘We should have been helped from day one’: a unique perspective from children, families and practitioners

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Foreword

This fifth report from the Local Authorities Research Consortium, LARC5, reflects a slight shift in focus for the Consortium this year, building on previous rounds which looked at early intervention more generally and digging deeper. The participating authorities worked together to define a research focus that looked at one of the pressing issues facing the children's sector: that of neglect. Specifically, we posed the question: 'How do we effectively support families with different levels of need across the early intervention spectrum to engage with services within an overall framework of neglect?'

Neglect is known to be the primary reason for almost half of child protection registrations in the UK, and may affect ten per cent of children in the UK according to some studies (Action for Children, 2012). It is often linked to other difficulties, such as domestic abuse, and is noted by professionals as being a challenging issue to identify and respond to. Whilst chronic neglect is addressed through child protection procedures, bringing clarity and structure to identifying and addressing neglect within early intervention can be – as practitioners in this project noted – very much 'a grey area'. LARC5 used a scale developed by Southampton Local Safeguarding Children's Board (LSCB) to identify families with differing levels of need below the threshold for statutory intervention, allowing us to apply some consistency. Such clear frameworks are not yet employed nationwide. Furthermore, as this study demonstrated and other studies support, practitioners vary in their skills and knowledge in relation to dealing with neglect. These factors, alongside emerging evidence of the costs incurred by not addressing families' needs early, mean that building our understanding of how to tackle neglect is a critical issue.

This report draws upon data gathered from over 40 parents, children and young people and 105 practitioners across nine local authorities. It presents our learning about how authorities respond to neglect, the barriers and enablers to engaging families, the perceived gaps in provision, and what practitioners and families believe is needed to improve this area of work.

Given the complexities around neglect, and the subtleties of early intervention more generally, it is unsurprising that professional judgement was seen to be pivotal to identifying and addressing neglect. The lack of clear definition in many areas means that professionals are required to apply nuanced judgement, relying on their engagement skills and the support of other colleagues. To that end, this report supports the need for 'structured professional judgement', that is the use of standardised tools and measures implemented by skilled and confident practitioners. Learning and development needs were identified, in particular the need to be equipped to undertake robust risk assessment. Practitioners emphasised the crucial importance of reflective practice in order to work effectively in this field.

Recognising that working with neglect within early intervention is not an exact science and requires flexibility, it follows that this report found some variance in response, both between local authorities and between different practitioner groups. Whilst not huge, the variance is arguably significant, and does pose questions for senior colleagues about the conceptualisation and implementation of local thresholds. The Common Assessment Framework (CAF) continues to play an important role, alongside other mechanisms, for gathering information and developing support packages. However, LARC5 found that there



is still more to be done to ensure that all agencies are engaging with early intervention and with systems like CAF.

The challenges and barriers to families receiving support are unlikely to surprise many. They included a lack of awareness of what provision is locally available; the non-statutory basis for early intervention; the perceived stigma attached to receiving help; and the mistrust and misconceptions that some families have around professional intervention. This highlights the central role that relationship building plays in early intervention practice.

It seems appropriate to acknowledge the wider socio-economic context in which we are operating; with many families facing increased financial difficulties, and the associated impact of this on their mental well-being and family functioning. Quite simply, poverty makes parenting harder. There was notable synergy between the gaps in provision identified by practitioners and those identified by families. Housing support was one area highlighted, as was support with managing household finances; parenting support; and mental health support for parents and children/young people. As local authorities work to allocate shrinking resources, this is a reminder of the importance of adopting a systems approach, whereby the interplay between need and services is understood across the piece.

There was much congruence in practitioners' and families' views of what enables families to engage with support. Some of the points raised relate to system-level changes, such as the need for strategic buy-in across all agencies to early intervention. Other suggested improvements are within the gift of practitioners and managers, such as the need for better promotion of available support and practitioners being enabled to develop their skills.

Hearteningly, the majority of families reported a positive impact from the support they have received and were able to identify how they had been helped to make changes in their family's life. This support was seen to be valuable and families and practitioners were united in their call for it to be available earlier. This report aims to help those designing and delivering services to consider what can be done to enable all families to receive the support they need at the time they need it, whilst recognising there is no magic solution.

LARC is led by local authorities and supported by the National Foundation for Educational Research (NFER) and Research in Practice (RiP). LARC helps authorities to use local evidence to explore, in a safe space and with peers from other areas, how they can commission or deliver services that are even more effective at improving outcomes for children and families. The LARC model assists staff at the local level to develop their own skills in relation to evaluation, cost-effectiveness, identifying and evidencing impact, data collection and analysis. LARC contributes to sector-led improvement by supporting local areas to share, learn and create new knowledge that can be shared with the whole sector.

We wish to thank all the practitioners and managers who gave their time to this important project, and particularly the families involved for their valuable insight and challenge.



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We would also like to thank the LARC5 Steering Group, Janette Karklins, Mary Burwell, Pat Tate, Hugh Disley, Dez Holmes and Sue Rossiter for their support, guidance and feedback.



Executive summary

This summary presents the findings from the fifth round of LARC (Local Authorities Research Consortium), a project led by the National Foundation for Educational Research (NFER) and Research in Practice (RiP). Our report will be of use to anyone with an interest in early intervention; children experiencing neglect; and in improving the ways local authorities and their partners work together to improve outcomes for children, young people and families. The report offers a unique insight into the views of children and parents¹ who have been supported by early intervention services, and others, due to issues of (low level to moderate) child neglect.

For this round of LARC, nine local authorities² investigated:

How do we effectively support families with different levels of need across the early intervention spectrum to engage with services within an overall framework of neglect?

The local authorities chose this research topic and carried out their own research, supported by LARC researchers. The research focused on children experiencing the following levels of neglect³:

- **Level two**, related to families where the parent/s *mostly* met the child's needs.
- **Level three**, where children had some unmet needs; lived in a family home that lacked routines; had parents with poor awareness of safety issues; and the child received limited interaction and affection.
- **Level four**, these were families in which adults' needs were put before the child's, and where the child had low nutrition and scarce stimulation.

We did not consider cases where children were at significant risk of harm and should be being supported by statutory services. The data was collected from over 105 practitioners (from education, health, early years settings and authority services) and 40 parents, children and young people.

Summary of findings

Defining neglect

Not all authorities had a clear definition or policy in place to support practitioners to define and identify child neglect (except where chronic neglect was evident). Practitioners said they

¹ We use the term parents here to refer to a child's primary care giver, who may not be the birth parent/s.

² The LARC5 authorities are: Bracknell Forest Council; Coventry City Council; Hertfordshire County Council; Kent County Council; Portsmouth City Council; Solihull Council; Telford and Wrekin Council; Wolverhampton City Council; and Warwickshire County Council.

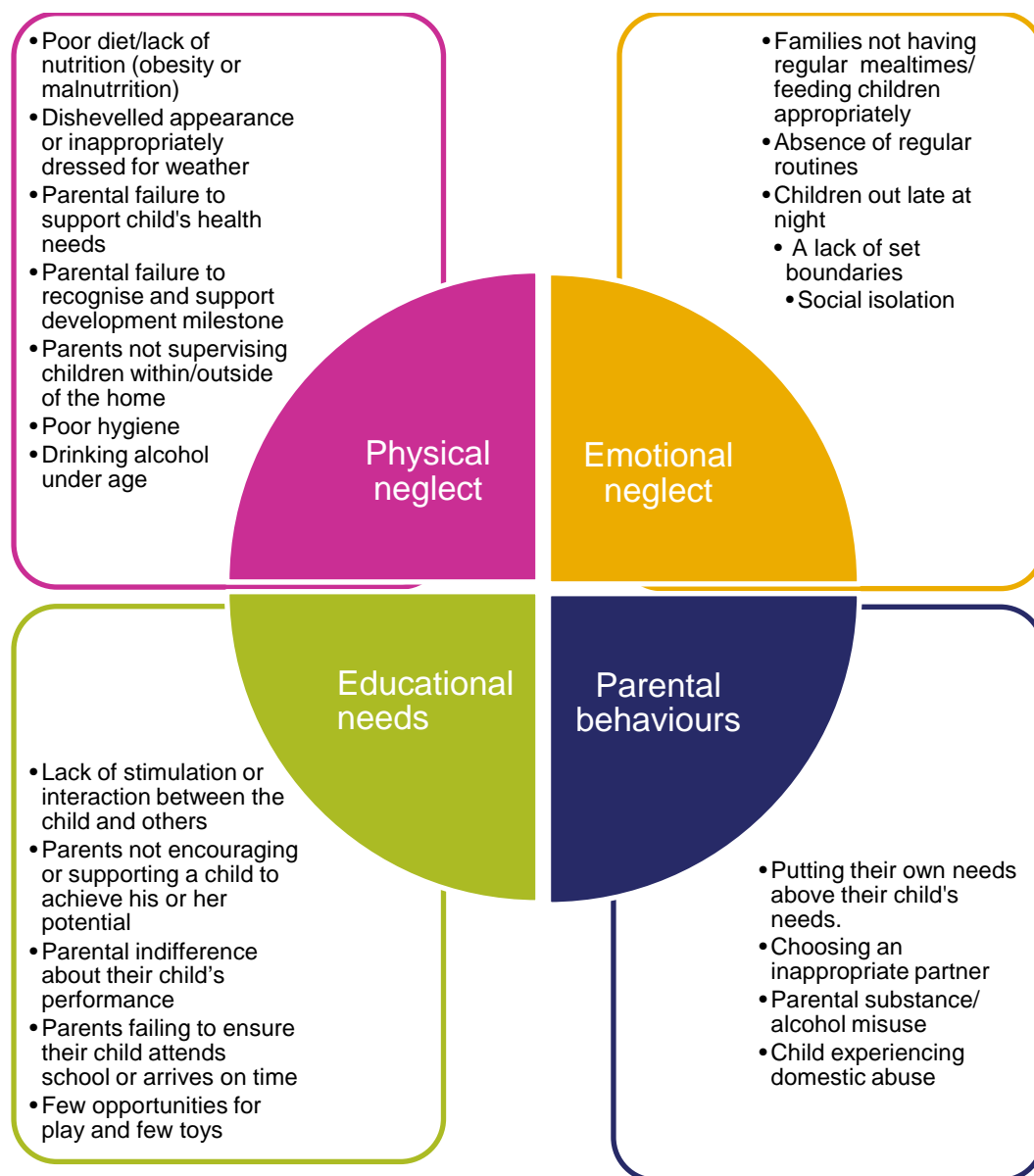
³ These definitions were adapted from Southampton Local Children's Safeguarding Board's 'Really Useful Guide to Recognising Neglect' (2012).



used their own professional judgement to identify child neglect and seemed to have a good understanding of the risk factors to be aware of. They noted, however, that defining neglect can often be a 'grey area'. Further, they explained that defining neglect needs an element of 'flexibility' within an early intervention context. It needs to take account of individual family circumstances and lifestyles. Where a child was suspected of suffering from chronic neglect, practitioners explained that child protection and safeguarding procedures would be implemented immediately.

Practitioners defined indicators of neglect under four headings: physical neglect; emotional neglect; educational needs; and parental behaviours. Practitioners recognised that it was not always easy to distinguish between physical and emotional neglect as many issues were inter-related. A summary of practitioner views is presented in Figure 1.

Figure 1 Child neglect risk factors



Responding to child neglect

Our research shows that the ways in which some authorities and different practitioner groups respond to a child who may be at risk of neglect vary slightly. This finding is applicable across the three levels of neglect. According to practitioner data, some services, within some local areas, are still not engaging with early intervention and prevention processes (such as the Common Assessment Framework or 'CAF') and responding to families' need early enough. Practitioners noted that most help was available to families when they encountered more complex difficulties rather than offering them preventative support through universal services.

Most practitioners felt equipped to respond to families' needs; however a number of unmet training needs were identified. These related to a need for all practitioners to be able to identify a child experiencing neglect; ensuring practitioners assess risk early; and ensuring that, where generalist practitioners are employed, they have the skills and knowledge to offer holistic whole family support (for children from birth to 19). Practitioners valued having training opportunities and the chance for reflective practice and/or networking. They noted that they rarely had the time to undertake such activities, however.

Gaps in provision

Practitioners and families noted a number of gaps in provision. Most were not specific to neglect and related more generally to early intervention and preventative advice and support. Many were also applicable across all three levels of neglect. Both practitioners and families felt that more help should be offered to families when they have 'low level' needs to prevent their needs escalating. The gaps identified included, a lack of:

- parenting courses and support (particularly universal parenting support)
- support for families about financial management and budgeting
- access to early mental health support (for parents, children and young people)
- activities or clubs for children and young people
- support for families to attend medical appointments, including a lack of suitable appointment times and locations
- adequate housing support (for example, an overcrowded household or support for 16-18 year olds).

Threshold levels to access some services, as well as long waiting times, also caused difficulties in practitioners meeting the needs of families.

Practitioners gave a number of reasons for the perceived gaps in provision. These related to a lack of resources to offer earlier support; high case loads; welfare cuts resulting in the closure of some early support services; administrative burden; and practitioners having other priorities (such as working with families with higher levels of need).

How best can families be supported?

Practitioners and families offered similar insights into the enablers and challenges associated with offering families support. These related to:



- **local support services being promoted** and advertised in an accessible way to families and practitioners; this would help practitioners to sign-post families to services and may also encourage more families to ask for help earlier
- **multi-agency working and information sharing** between practitioners and between services; sharing information about families helps practitioners to accurately assess families' needs and to offer more timely and effective support
- **relationships between practitioners and families**, which need to develop over time and be built on trust, honesty and openness; families appreciated having support from someone they can relate to, whereas unconstructive relationships can lead to families disengaging and prevent their future re-engagement with services
- **families needing a combination of emotional and practical support** to help them cope with parenting, their child's behaviour, mental health issues and/or financial management; families particularly valued support programmes for parents and clubs/activities for children and young people.

You should give a leaflet explaining the services and what they can do to help.

Parent

We also asked children and young people how they felt best supported. They said they particularly valued having someone to talk to.

Encouragingly, most of the families involved in the research said they felt their family situation had improved as a result of receiving help (note that we did not seek to verify this information). They said they had a more stable family environment; their children were experiencing a more positive school-life; their child's behaviour was better; and mental health issues had improved.

We have no worries. [Child] does as he is told and there is no kicking off.

Parent

Why do some families not engage with services?

Both practitioners and family members observed similar reasons as to why families tend not to engage with services if a child is experiencing neglect. Most of these reasons related to early intervention services in general. Often they mentioned a lack of awareness about the availability of services and misconceptions about some provision (in particular around children's social care and the commonly held misunderstanding that social workers will put children into care if a family asks for help). Families' previous experiences of working with practitioners or services (or that of their extended family or friends) were also seen as having a detrimental impact on willingness to engage. In addition, families and practitioners cited individual family issues that may prevent engagement. These included cognitive or mental health issues, unwillingness to change, fear, pride and laziness.

Practitioners indicated that, because early intervention support is not statutory, they often find it difficult to engage some families if they refuse assistance. They considered whether more could be done to ensure families who needed early help, received it. They did not mention whether this would create additional stigma or barriers to family engagement, however.

The 'revolving door'

We explored with practitioners what they felt could be done to prevent a family's cycle of dependency on or regular re-engagement with services. Unsurprisingly, practitioners gave



similar judgements to those discussed above. They felt that families needed to be offered help earlier and to have a positive relationship with practitioners; and that whole-family holistic assessments and plans needed to be put in place to help tackle underlying issues. They also noted the importance of family engagement and of families recognising that they too, needed to take responsibility for change.

Conclusion and recommendations

The LARC5 research shows that practitioners and families share common views about how families can be supported. While the research focussed on early intervention and child neglect, the noted successes to supporting families, the challenges associated with it and suggestions for making improvements are applicable to supporting any family that needs additional help (not only those experiencing neglect).

The data shows that some practitioners would respond to families across all three levels of neglect, while others would not. They felt that most help was available when families encountered more complex difficulties, rather than offering them preventative support through education or universal services. Interestingly, when talking about children experiencing neglect, practitioners talked about the underlying issues whereas families talked about the symptoms of these issues. This may suggest that more could be done to educate families about neglectful behaviours.

While practice varied between practitioner groups and authorities, some sectors continue not to engage with early intervention and prevention according to practitioner interview data. In particular, interviewees mentioned the education sector, general practitioners (GPs) not engaging with the CAF process, and a lack of information sharing.

One of the key factors in ensuring families are supported in a timely and effective way, and so do not enter a cycle of needing support (the 'revolving door'), is to offer early intervention and preventative advice and support. Both practitioners and families agreed that more needed to be done to offer help early.

To overcome current gaps and challenges, practitioners and families offered a number of suggestions. Some would require substantial investment (or system change), others were more practical and should be relatively easy to implement. These related to:

- promoting and advertising early help services more effectively to families and practitioners
- simplifying processes (such as referral route times and the CAF process) and reducing waiting lists
- improving multi-agency working and information sharing
- improving families' knowledge about provision of services for Children in Need and the specialist work of children's social care to help remove the stigma associated with getting help and to allay commonly held misconceptions about child protection and the removal of children from their families
- considering opportunities for offering families peer to peer support within the community (possibly by training parent volunteers to support families in need)
- undertaking whole family holistic assessments and putting support in place for the whole family, recognising the value of non-statutory services in helping statutory services to



achieve sustained outcomes for children and young people - supporting families to step down from targeted services and avoid a cycle of dependency (the 'revolving door')

- ensuring frontline staff have core skills to help develop and enhance relationships with families.

Authority representatives noted that being involved in LARC5 had had a positive impact. Some had already made changes to service delivery by applying the lessons learned from the research, while others were making plans to ensure the learning is taken on board.

About LARC

LARC, the Local Authorities Research Consortium, was founded by NFER and RiP to support local authorities to develop integrated working through sector-led collaborative research projects. LARC supports local authorities to use and conduct their own research with a view to informing and improving local practice. LARC's key principle is collaboration; working with and for the sector to improve children and families' outcomes. With that in mind, each year the sector chooses the focus for the next round of LARC.



1 Introduction

1.1 About LARC

The Local Authorities Research Consortium (LARC) was founded in 2007 with the purpose to support children's services authorities to use and conduct research. LARC aims to help authorities to:

- evaluate progress
- inform practice
- share findings
- make recommendations locally and nationally.

One of LARC's key principles is its collaborative approach to working with and for authorities, supported by national organisations. Each year, the sector has chosen the focus for the subsequent round of LARC research. These topics are based on pertinent, current issues and challenges that face authorities. LARC has always explored early intervention, previously looking at the effectiveness and cost effectiveness of the Common Assessment Framework (CAF) for families with different levels of needs across the early intervention spectrum⁴.

LARC5

During 2012/13, the fifth round of LARC (LARC5) continued to explore early intervention and focussed on neglect as its overarching theme. LARC5's research question was:

How do we effectively support families with different levels of need across the early intervention spectrum to engage with services within an overall framework of neglect?

To ensure all participating authorities were working to the same definitions of early intervention and neglect, the research was informed by Southampton's Local Safeguarding Children's Board (LSCB) *Really Useful Guide to Recognising Neglect* (West Sussex, n.d.). This provided a common structure and definition across five 'levels of neglect'. In summary, these are:

- Level one: families were thriving and accessing universal provision⁵.
- Level two: families were characterised by parent/s *mostly* meeting the child's needs.
- Level three: children had some unmet needs; they lived in a family home that lacked routines; had parents with poor awareness of safety issues; and the child received limited interaction and affection.
- Level four: families related to adults' needs being put before the child, with the child having low nutrition and scarce stimulation.

⁴ Links to previous LARC reports are in the 'References' section of this report.

⁵ Levels one and five are outside of the early intervention spectrum and therefore were not within the scope of LARC5.



- Level five: children were at significant risk of harm and should be being supported by statutory services. (West Sussex, n.d.).

LARC5 explored how families across levels two to four of need engaged with services and what supported or inhibited them accessing that support. Levels one and five of the Southampton framework were not included as they are outside the early intervention spectrum.

As with all rounds of LARC, local authorities were able to tailor their local research to their specific needs. For LARC5, different authorities chose to focus their research project on the following:

- families that had been supported by specific early intervention services
- families with adolescent children and those who had been part of a specific family-support intervention programme
- families who had been supported by the 'team around the family' model *and* who had 'stepped-down' from children's social care
- the community perspective of neglect.

Overview of methodology

Each year, NFER and RiP researchers support local authorities to carry out their research. Our researchers provide the overall research question, research instruments (interview schedules for use with practitioners, families and children), and an analysis and reporting framework. LARC also provides training and support materials for authorities.

For LARC5, all participating authorities accessed a 'virtual research environment' (VRE) where all research, training and support materials were available for download. This also provided an online networking facility for participating authorities. Further, our researchers offered support throughout the project and via fortnightly telephone 'surgeries'.

A total of nine local authorities were involved in LARC5:

- Bracknell Forest Council
- Coventry City Council
- Hertfordshire County Council
- Kent County Council
- Portsmouth City Council
- Solihull Council
- Telford and Wrekin Council
- Wolverhampton City Council
- Warwickshire County Council

Between the participating authorities, over 105 practitioners contributed to the research via one-to-one or group interviews. Practitioners included education professionals (headteachers from primary and secondary schools, education welfare officers, parent support advisors, school nurses, educational psychologists, counsellors, learning mentors); health colleagues (health visitors, GPs); children's social care colleagues (senior social workers, social workers and social work assistants); early years professionals from children



centres; early intervention/multi-agency team staff; housing officers; Youth Offending Service colleagues; police officers and policy community support officers; targeted youth support workers; Child and Adolescent Mental Health Service (CAMHS) practitioners; domestic abuse workers; Home-Start workers; and family support workers. Over 25 parents/carers and 15 children and young people also participated. Whilst most interviews were done face-to-face, some were carried out via telephone. All took place between January and June 2013. Authorities sent their raw data to NFER for independent analysis. This report is based on NFER's systematic analysis of that data.

Further details about the methodology are available in Appendix B.

1.2 Overview of the policy context

The issue of child neglect has become more prevalent over recent years. Governments have had a long-standing commitment to tackling child neglect. Indeed, the Coalition Government continues to recognise that identifying children experiencing neglect early and offering early help is crucial in preventing needs from escalating and in preventing longer-term problems. An evidence-informed framework for practitioners has been developed to support them to identify and respond to children experiencing neglect. It is entitled *Childhood Neglect: Improving Outcomes for Children* (DfE, 2012a).

To date, most research in the area of child neglect has focussed on the interface between child neglect and child abuse, or the ways in which those working in children's social care identify and supported children experiencing neglect. Although, in addition to the framework mentioned above, further work has been done to support practitioners in universal services in identifying neglect early. Indeed, the Government commissioned Action for Children and the University of Stirling to develop training materials for universal services practitioners and children's social care staff to identify children experiencing neglect early and offer appropriate support. These materials can be accessed [here](#) (DfE, 2012b).

In 2013, Action for Children and the University of Stirling also published their second annual review of neglect (Burgess *et al.*, 2013). This focussed on how universal services respond to children and on how universal, targeted and statutory services work together. The project, which covers the four countries in the UK, will report again in 2014. The authors have found that chronic child neglect remains an all too common issue, with (in 2011) neglect recorded as the primary or contributory factor to over 18,509 children's child protection plans (CPPs) or registrations to children's social care. This number is thought to be an underestimation, but neglect is nonetheless the single most common factor recorded on CPPs or the child protection register. Action for Children is lobbying government to put plans in place to better support children at risk of or suffering from neglect. Their list of recommendations to government is available [here](#) (Action for Children, 2013).

1.3 About the report

This report summarises the qualitative data collected by the nine authorities in one overall thematic report. We have highlighted any differences between authorities or practitioner groups as they emerged through the data. First of all, the report explores practitioners' definition and understanding of neglect; it then moves on to summarising how practitioners



would respond to families who presented with different levels of need; before examining the barriers and challenges to family engagement with services. The final chapter explores practitioners' views on families who have been supported by services for some time and who dip in and out of requiring support (a process also known as the 'revolving door').

This report will be of use to anyone with an interest in early intervention; children experiencing neglect; and in improving the ways local authorities and their partners work together to improve outcomes for children, young people and families. It offers a unique insight into the views of children and parents who have been supported by early intervention services, and others, due to issues of (low level and moderate) child neglect.



2 How do practitioners define neglect?

In this section we present a summary of practitioners' views on how they define and respond to neglect. We also summarise families' views on why they felt that they received support from local services.

2.1 Defining and identifying neglect

We asked practitioners how they tend to define 'neglect'. We wanted to explore whether there is a common understanding across local authorities and practitioner groups. We also asked practitioners whether they had an agreed definition of neglect within their areas of work. In three authorities, an agreed definition of neglect was used by practitioners; within a fourth neglect was considered a matter for professional judgement. It was not clear from the data if the remaining authorities had a commonly used definition.

Practitioners indicated that chronic cases of neglect would be encompassed within statutory safeguarding and child protection processes. A small number of practitioners explained that safeguarding training had been provided for all staff (it was not clear from the other interview notes whether other practitioners had also received such training). A minority of respondents, however, said that they were aware that the process for addressing cases of neglect was encompassed in organisations' child protection policy.

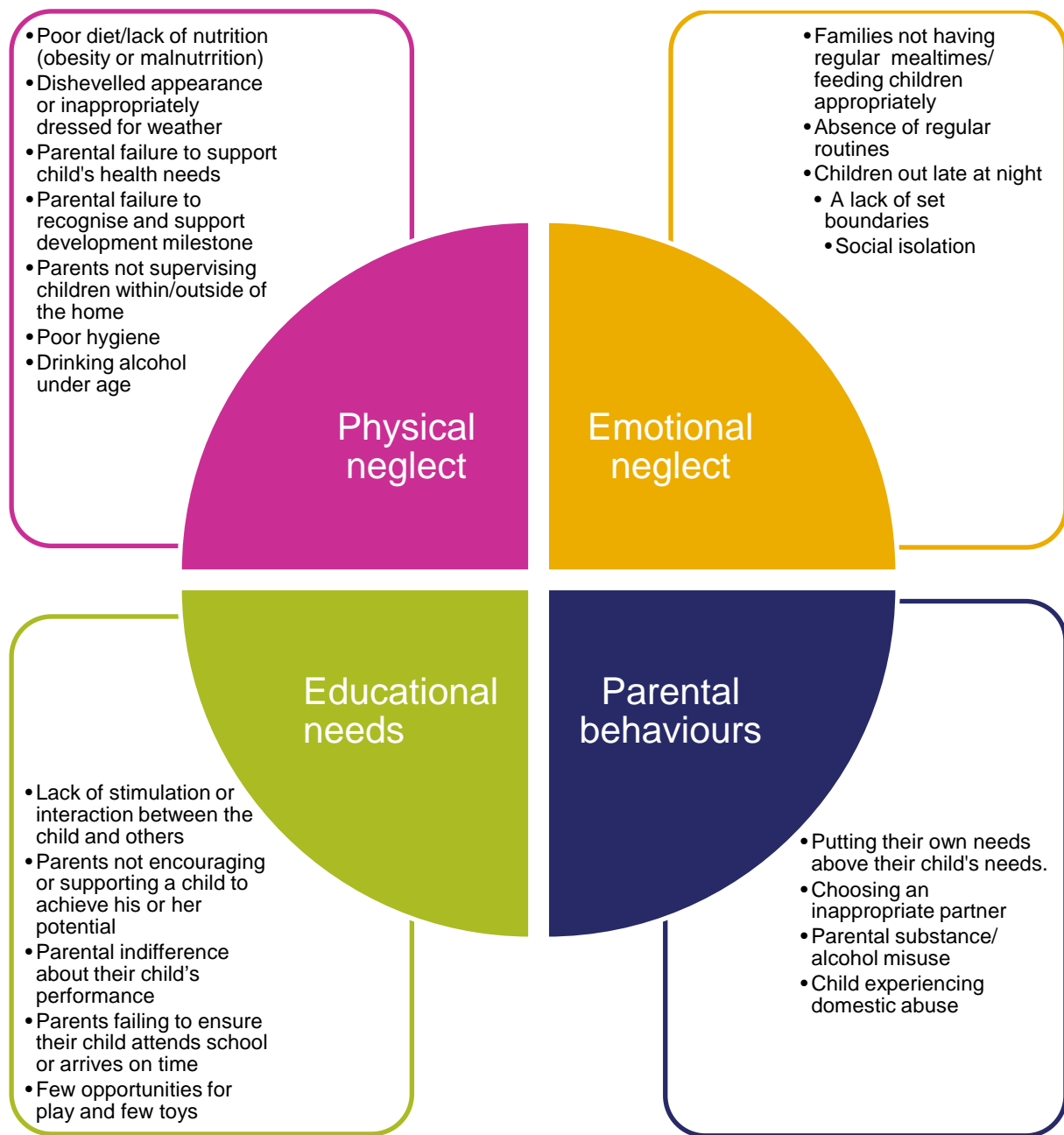
How do authorities define neglect?

When defining neglect, most practitioners referred to tangible issues, such as a lack of a warm, nurturing environment. A small number of practitioners stated that neglect also related to the extent to which parents interacted with their children or when a child was being left in the care of an inappropriate adult or someone who was too young. Some practitioners went further and believed neglect was present where parents' prioritised their own needs over those of their children; where they were not emotionally attuned to their children; or where they were unable to recognise a cry for attention or offer other emotional support.

Practitioners also referred to a range of specific educational, health, social, and physical indicators that could be used to help define physical (health and well being of the child and parental behaviours) and emotional neglect. See Figure 1 below.



Figure 1 Child neglect risk factors



Practitioners recognised that it was not always possible to make clear distinctions between physical and emotional neglect and that factors such as a lack of regular routines; being free to go out late at night; and walking home from school in the dark were issues which affected both physical and emotional wellbeing.

Notwithstanding these potential indicators, practitioners emphasised that neglect was a 'grey area' to define (except where there were safeguarding or child protection concerns). Factors such as social expectations and, to some extent, an individual family's value system affected perceptions. This meant that professionals working with families needed to understand local community expectations when assessing what constituted neglect. One respondent warned



against becoming 'too precious about what is acceptable' while, at the same time, ensuring that children's needs were safeguarded.

Similarly, practitioners acknowledged the need for the definition of neglect to be flexible enough to recognise that families had their own priorities and expectations. This affected the extent to which some potential indicators of neglect could be used. For example, families may have differing views about things such as appropriate bedtimes, whether it is important for a family to sit together for a meal, how important is it that meals are eaten at a table, and when meals should be taken. Indeed, these were often factors practitioners perceived to be outside of the control of many families due to working hours or shift patterns.

The family perspective

We asked families why they felt that they had started receiving support. The question was not intended to explore families' definition of neglect, but their answers provide some insight into families' perceptions of situations that practitioners have identified as neglect.

Only a minority of parents explained that they were receiving support due to allegations that their child's needs were not being met. For example, this included that their children were poorly nourished or had inadequate clothing. Rather, the majority of parents explained that they received support due to their child's behaviour in school and at home. This often included abusive and aggressive behaviour; truanting and causing disruptions at school; or because of their child's special educational needs.

Smaller numbers of families also referred to their own or their child's poor mental health as being the reason they received help. Their mental health issues included being depressed, feeling unable to cope or coping with the fear of domestic violence. Other reasons for families receiving help included a 'family crisis' (such as a bereavement or child protection issues) or because of referrals following police/youth offending interventions. In the latter situations, this followed accusations that their child had abused another child, criminal damage, their child's aggression, or intervention following parental behaviour.

Children and young people largely thought that their family had received support because of their own 'naughty' behaviour, their anger issues or due to truanting or exclusion from school. A smaller number of children and young people believed they received support due to:

- poor living conditions
- their parents' aggression (associated with alcohol or substance misuse)
- lack of communication in the family
- parental depression, or their parents' inability to cope or look after the house
- police intervention.

How do practitioners identify neglect?

Practitioners explained that considerable care needs to be taken when assessing whether neglect is present in a family. In general, practitioners said they relied on their own professional judgement and a range of qualitative indicators that alerted them to the possibility that a child was being neglected. These included:



- children's social interaction
- their habits and behaviour
- their general wellbeing
- whether children attended school or a children's centre regularly; and whether they arrived on time
- if children wore suitable clothing and brought correct clothing to take part in PE or other activities
- whether children were often hungry
- the content of any packed lunches.

Practitioners felt that it would be impossible to introduce a strict matrix of behaviours to highlight possible neglect. Instead, they repeatedly emphasised the need for constant engagement with the families concerned, to get to know them and develop a close understanding of their needs. They considered this to be the most effective method of identifying whether a family's way of life was such that it could be classified as neglect (this is discussed in further detail below).

One practitioner explained how he/she identified potential children experiencing neglect:

the knowledge of the staff within the school and visual and verbal indicators from parents and children. That's how you pick up on it, there's no matrix set up to say this is what it is you're looking at and watching ... it's a gut instinct and it's knowing your families and using everything ... everybody that you would generally talk to.

It is interesting to note that, when defining or responding to children experiencing neglect, practitioners tended to identify the underlying causes. Families, however, seemed to recognise the symptoms of neglect rather than the root cause. This may further explain their unwillingness to engage with services early.



3 How do authorities support families experiencing neglect?

While the sections above discuss how practitioners define neglect in general, this section identifies some of the more specific activities for families with different levels of need. Using the pre-defined criteria established by Southampton's LSCB, we explored how practitioners said they would respond to families presenting with needs across each of the three levels (levels two, three and four).

3.1 How do authorities respond when they encounter a family experiencing neglect?

Level two (parents are mostly meeting their children's needs)

Most practitioners felt that families with risk factors at level two would not require immediate or intensive support. Some practitioners explicitly said there would be no further action; indeed, one explained that most practitioners would be 'happy' for the families they were working with to reach level two. Others, however, felt that families at this level should be given advice and guidance or should be signposted to other universal support services for assistance. It would be the family's choice as to whether they accepted the support. One early years practitioner explained that he/she liked to support parent engagement with services, for example, by accompanying parents to a local children's centre.

A small number of practitioners from across the authorities noted that they would undertake a holistic assessment and adopt a multi-agency approach for families at this level. For some, this included considering or suggesting the CAF process. Others would develop an action plan with the family or try to build an evidence base of past history with colleagues from other services (for example, health visitors or children's centre staff). One or two practitioners said they would build an evidence base by exploring whether the family had engaged with services previously.

One of the challenges associated with responding to families at level two, as noted by one practitioner, is that neglect is not always explicit or visible, particularly within school settings. Indeed, the practitioner noted that unless practitioners are able to enter the home environment, neglect can be difficult to identify.

Level three (children have unmet physical and emotional needs)

Only two practitioner groups said they would not take any action for families experiencing level three neglect. One noted that, at this level, families' needs were 'not significant' and the other noted that a family at this level would not be 'picked up' unless referred into their service from elsewhere (such as from health visitor notes).

That said, most practitioner groups said they would take action for families at this level. Practitioners from almost two-thirds of the authorities would check to see if the family had



already had a CAF assessment, and if not, one would be started. This was a greater proportion of practitioners than said they would consider a CAF for families at level two.

Within one authority, some practitioners explicitly stated that a CAF would not be started by some practitioner groups. They noted that schools or GPs would not initiate the CAF process, but that colleagues within housing were more 'on board' than previously.

As with level two families, practitioners said they would try to build up an evidence base or family history and/or monitor the family. Specific activities included checking whether the family had a 'note of concern'; contacting the child's school or GP, sharing information with colleagues within their own service, or contacting children's social care colleagues to find out if the family had been given support historically.

Practitioners from four authorities explicitly mentioned services that they would refer a family to at this level. These included considering support from:

- parenting programmes (such as Triple P) or other parent and child support groups
- children's centres
- early intervention teams or the Family Intervention Project (FIP)
- voluntary services, such as Home-Start
- the housing service (for tenancy support).

Other possible support routes mentioned by practitioners included children's social care, Child and Adolescent Mental Health Services (CAMHS) or educational psychologist services. One practitioner noted that there is a greater level of awareness of the support available for families at this level compared to early support for families at level two. Furthermore, targeted support is available for level three families, whereas this is not the case for level two due to threshold levels.

Level four (children have poor nutrition and scarce stimulation, adults' needs are given priority)

At least some practitioners from across all nine authorities said they would make contact with children's social care for families presenting with level four signs of neglect. For some, this was about making a referral or checking to see whether an initial assessment had already been completed.

Where practitioners did not mention children's social care, they said they would seek to carry out an assessment of need with a family presenting at this level. Most of these practitioners mentioned the CAF process; others were less specific and said they would carry out a 'holistic family assessment'.

As with the lower levels of need, some practitioners also noted that they would consider support from another service. These included support from:

- voluntary sector organisations, including Home-Start
- the police or Youth Offending Service (YOS)
- a multi-agency group meeting
- housing service.



Small differences in practice between and/or within some authorities emerged, as did variations between different practitioner groups. This was the case across the three levels of neglect.

3.2 What help are families offered?

Practitioners from the nine local authorities explained that they would offer a range of support mechanisms targeted at families' needs. Most perceived that the support available for families at level two would be provided through universal services; however some said they would monitor the family over time to ensure their needs did not escalate. As families' needs escalated, the support available to them increased and became more intensive, with families at level four having the widest range of intensive support available. See Appendix D for further information about the support practitioners reported was available to families across the three levels.

3.3 Are there any gaps in provision?

Despite not all authorities or practitioners stating that they would take action for a family presenting with level two signs of neglect, many practitioners cited gaps in provision for families across all three levels. Most gaps related to specific sectors (e.g. education, health, parenting and local authority (LA) support) although some were more generic. Within one authority in particular, a number of educational practitioners explained how the need to have a CAF to access services was a barrier. They felt that a lot of provision was available locally, but that having the resource and requiring parental consent for a CAF sometimes caused difficulties. The perceived gaps within each sector are discussed below.

Perceived gaps in health provision

Practitioners noted a number of gaps in accessing health support and services:

- being able to offer additional help to new parents (i.e. over and above midwife and health visitor support). Some practitioners in early years settings argued that further help is needed to support families to deal with the emotional upheaval of a newborn baby (this gap was reported in relation to families at level two)
- accessing emotional and well-being support for children and young people or 'pre-CAMHS' (levels two and three) and CAMHS (level four)
- accessing adult mental health support or services, for example, support for post-natal depression, access to services such as Talking Therapies and Behavioural and Mental Health Service (BAMHS) for parents
- access to medical appointments. This seemed to be an issue within one authority where families are required to travel some distance to attend hospital appointments. This is often problematic for chaotic families or those without access to their own transport.

Perceived gaps in education support

Once again, practitioners noted a range of perceived gaps in provision around education, although these were mentioned only for families experiencing neglect at levels three and four. These related to:



- there being few special or Emotional and Behavioural Difficulties (EBD) school placements, and no EBD provision within primary schools
- a lack of educational psychologist provision to support young people
- not enough family support worker (or equivalent) provision in schools.

Perceived gaps in parenting provision

Across the three levels of neglect, practitioners noted gaps in parenting support. Most frequently, practitioners mentioned the need for parents to be given basic parenting skills and help with financial management and budgeting. Practitioners felt there was a need to offer earlier help (possibly through coffee mornings or similar); that parents needed help with basic parenting skills; that provision needed to be 'de-stigmatised'; and that some help needed to be offered within the family home (for level three and four families). They felt that some chaotic families will not engage in group provision. Practitioners also noted that there are often long waiting lists for formal parenting programmes. One noted: 'It is really down to the knowledge and having the skills and the parenting, most young people are who they are because of how they've been parented.'

Other gaps

Practitioners gave examples of further gaps in provision for families, particularly those at levels three and four. These were associated with:

- youth support or provision; in particular a lack of activities for young people (who are at level two) or a lack of Connexions support (for levels three and four)
- housing support, for example to address overcrowding or to provide adequate homes for young people aged 16 to 18
- a lack of home visits to families, particularly for families at level four
- inadequate support for children aged over six years, and especially for young people aged 16 to 18 who are often deemed 'independent'.

Perceived reasons for gaps in provision

Practitioners identified a number of reasons for gaps in provision, which we summarise below.

Lack of resources

Across the three identified levels of neglect, practitioners most often mentioned limited resources and/or central government cuts as reasons for gaps in provision, as these had the knock-on impact of reducing the availability of provision, or the number of staff able to support families. They gave examples of closed teenage pregnancy support groups, play development groups and Connexions services. Not having access to these groups, or not knowing about their demise, resulted in families' needs being left unmet.

A further knock-on effect of these cuts was that practitioners had high case loads, resulting in there 'not being enough hours in the day' to work intensively with all the families that need help and support. Further, practitioners said they lacked the time to share learning with



colleagues. A number of practitioners felt that services are funding-and not needs-led. One practitioner explained:

[Government] do not see the bigger picture of things when you remove something. They don't see the impact that has and don't want to because they want to fill their boxes and meet their targets ... it's a target mentality that we live in today.

Lack of awareness

Another reason for not being able to meet families' needs related to a lack of awareness about the availability of support from other services. One practitioner talked about the need for police community support officers (PCSOs), for example, to develop knowledge about local support services available. Another explained: 'We've got a lot [of services] but sometimes it can be a little bit not joined up and you don't know about services until a parent tells you about them and you think "Oh, that's a new one on me"'.

The data suggests that there is a need for practitioners to be kept informed about changes to the availability of local services. It may be that practitioners also need to be proactive in keeping themselves up to date with the availability of local support.

Other reasons

Other reasons cited by practitioners for gaps in provision for families across levels three and four are given below:

- early years practitioners, including midwives and health visitors, not identifying family needs early
- services having thresholds that are too high, meaning that families are unable to access support even if they need some level of help. One practitioner explained:

I've tried to access the services and failed because they've either stopped them or [they have] become more restrictive and the thresholds have gone up. I know that play development workers will only work now with children with a known development delay.

- staff turnover and sickness, particularly within children's social care, which had a knock on impact on the availability of provision
- certain sectors not embracing early intervention and the use of CAF, for example. Schools were highlighted within one authority and, in another, there was reluctance amongst a range of practitioner groups to engage with the CAF process
- a lack of information-sharing between services and processes taking too long (for example, Family Group Conferencing) was a challenge for level four families in particular.

Once again, practitioners noted that there is little preventative help available for families and that most help offered is reactive. They felt that, if assistance were offered earlier, some families would not have needs that reached level four.



How can gaps in provision be overcome?

We asked practitioners for their ideas on overcoming gaps in provision. Some suggestions related to issues that sit within an individual's practice area, while others related to service level change or system level/policy change. These are set out in Figure 2.

Figure 2 Practitioners' perceptions of how gaps can be overcome

Individual practice area suggestions	<ul style="list-style-type: none">• Providing support for parents to access services, as one practitioner explained: <i>I use the ... [name of centre] a lot, I would always take ... [parents] to the initial visit myself. I say "I will come with you and you can look around." That then gives them the motivation to do it for themselves but it's about encouraging them.</i>• Thinking about what can be provided in-house within current resources, rather than spending time seeking resources from elsewhere.• Providing families with information about what support is available. In particular, having accessible information and promotional materials visible in schools and children's centres.• Improving communication between practitioners within different services to share learning and knowledge about families.• Ensuring families are given a clear action plan that all multi-agency practitioners working with the family are aware of.
Service (management) level changes	<ul style="list-style-type: none">• Improving communication between managers and leaders within different services and ensuring information about services is cascaded to practitioners on the ground.• Creating regular opportunities for strategic leaders/senior managers to share information and learning and improve practice – in particular, this was highlighted for local authority and health services' leaders.• Reducing the time practitioners are required to spend on administrative tasks and are consequently not able to spend working directly with families.• Providing families with a consistent worker, even if a family moves between services (such as between primary and secondary school).• Supporting practitioners to carry out more home visits to help identify and assess risk.• Cutting waiting list times and offering some support to families if they have to wait months to access support.• Reducing the thresholds within some services, such as CAMHS and children's social care.



System or policy level changes

- Requiring all sectors to follow procedures and policy around early intervention (for example, ensuring engagement in the CAF process).
- Supporting services to cut waiting list times.
- Employing more early intervention staff and/or training more volunteers to offer peer support to families.
- Supporting services to reduce thresholds, such as to CAMHS and children's social care.
- Ensuring housing departments can offer suitable accommodation for 16-18 year olds and families living in overcrowded accommodation.

A small number of practitioners mentioned the need for better training (see section 4), particularly for practitioners who are supporting families with level four needs. They also explained that face-to-face training is needed; with some early years colleagues noting that online child protection training is insufficient.

A particular issue with schools was noted in two local authorities. Practitioners explained that the curriculum needs to offer teenagers practical parenting skills so that, when they become parents, they have the basic skills, knowledge and understanding of acceptable behaviours. Others mentioned the need to enhance early intervention provision within schools, possibly further utilising the support of family support workers, and identifying school refusers early.

Within two other authorities, practitioners mentioned the need for better coordination of multi-agency support to help overcome gaps in provision at level four. They felt that some practitioners needed to better coordinate how they offer support to families. One practitioner gave the example of a family having five different practitioners visit them within one day, which was unacceptable. Clear actions plans are also needed, practitioners argued.

Are the gaps in provision specific to neglect or more general?

To ascertain whether the gaps in provision were specific to the area of neglect or were more general, we asked practitioners what they thought. Practitioners from most of the local authorities felt that gaps in provision were not specific to children experiencing neglect. Practitioners seemed to be suggesting that there was an issue with access to early intervention support in general.

They described how there were gaps in early help and preventative support, explaining that adults' and children's services needed to work together better, and that this should be easier where they are within a single directorate. A small number of practitioners also described gaps in practitioners' skills or knowledge around early intervention which impacted on supporting families in a timely and effective way. They felt that early intervention practitioners were being required to deal with families with high level needs, which they are not necessarily trained in. One practitioner explained:

The scary part for me is that we are working at a very high level. Higher than we anticipated when we took on these jobs [...] we are picking up [a] Child in Need by any



other name ... to me, there is no 'high level CAF', it's either a CAF or a Child in Need or Child Protection and basically in that case, we all need retraining.

Another offered a solution:

Maybe we need to be looking at general modules of training that we all need - child development, risk assessing. Five or six modules that we all have to take and we get qualifications in these modules as an integrated workforce.

Others stated that practitioners needed to get better at assessing risk early so support can be put in place at an earlier opportunity. This would not, however, overcome the gaps in provision cited above.

A very small number of practitioners, however, talked about gaps that were specific to neglect. These related to the need for children experiencing neglect to receive earlier intervention and, in particular, highlighted shorter waiting lists for service support as a potential solution. Another practitioner felt that often there was confusion about threshold levels for accessing support from children's social care for children experiencing neglect.

The family perspective

We also asked families if they felt there were any gaps in provision, or if there was support that they think should have been made available to them. The majority said there were no gaps and that they were happy with the services they received: 'The parenting support worker went through all the options with us, ruled out what we didn't need and got us the help that we did need. She talked through everything with us.'

However, some families from all but two local authorities did identify some gaps in provision. These included:

- **Health-related gaps:** for example, one family did not meet the threshold for CAMHS, and another was seeking health services for a child with special educational needs.
- **Education-related gaps:** for example, one family felt that schools should be more proactive in supporting families themselves, as well as signposting families to other appropriate services. Another parent echoed this: 'Schools should be part of a child's life, should be quicker to intervene, offer direct support, show compassion.' Another parent felt that her son's school was not offering enough support in dealing with her son's difficult behaviour.
- **Other gaps:** one or two families mentioned other gaps in the provision they had received. These included:
 - a lack of support for families who do not meet thresholds for children's social care
 - a lack of local activities or clubs for children and young people
 - the low availability of suitable housing for overcrowded families
 - a lack of long term support (as they had received time-limited support)
 - little help finding work
 - few opportunities for respite from children's aggression or difficult behaviour
 - a lack of information from services that are working with children.



Regarding the lack of information identified as a gap above, the parents in this case felt that the confidentiality around anger management support provided to their child, meant that they were ill-informed about their child's problems or progress. When they enquired about what was discussed in the sessions, they were told that it was confidential, unless 'life threatening'.

Many of the gaps cited by practitioners and families were similar, suggesting that authorities and partner agencies need to consider doing more to fill any gaps.



4 Supporting families experiencing neglect

This section discusses some of the approaches that families and practitioners told us help families who are experiencing neglect. Firstly, the section discusses whether or not practitioners feel able to support families before moving on to talk about what strategies and approaches practitioners and families think help the most.

4.1 Do practitioners feel prepared to meet families' needs?

Only a small number of practitioners were asked whether they felt they were equipped to meet families' needs. They noted a number of difficulties related to:

- access to families – i.e. how do practitioners know if a family has a problem? Practitioners felt that they are reliant on other services to share information and communicate concerns
- the need to improve multi-agency working – whilst this was recognised as having improved, practitioners felt that more needed to be done for agencies to work together better
- National Targets Funding – which prevented practitioners from working on early intervention and prevention. As one practitioner explained: 'National Targets Funding prevents us from focusing on early intervention, we are given other responsibilities and priorities from government'
- ensuring a consistent approach to helping families; one practitioner group said that the way in which practitioners responded to families could be tightened up
- the CAF process being started too late and only when families reached a high level of need
- having the time and capacity to support families effectively.

Training needs

We asked practitioners about any unmet training needs around supporting families experiencing neglect. A small number of practitioners from three local authorities felt that they were sufficiently trained to meet families' needs; a slightly larger proportion indicated that they or their colleagues had unmet needs.

Practitioners from four local authorities expressed concern about the skills and knowledge of colleagues from other services. Most often, they mentioned children's social care. Practitioners' concerns related to children's social care colleagues not having the skills to support parents of very young children because they lacked the life experience themselves. Others felt that social workers were 'too accepting' of poor family behaviour, which ended up escalating. Within one authority, a practitioner group felt that the resources invested in paying for temporary children's social care staff should be invested in training permanent authority staff to support families with higher level needs. One educational practitioner noted that pastoral school staff needed better training to identify neglect early on. They also noted that there is a 'reluctance to open the CAF because they have not got the time.'



Other issues related to:

- workload pressures, which meant that practitioners were unable to attend valuable training or networking events
- ensuring multi-agency teams, such as early intervention hub staff, are trained to support families with children across the birth to 19 age range. Within one authority, restructures resulted in most multi-agency team members being experts in supporting very young children, but they were not necessarily experienced or confident in supporting families with teenagers. Practitioners identified a need for training across the birth to 19 age range
- practitioners recognising that many early intervention staff are 'generalists' and that there was a lack of specialist knowledge within some teams. One practitioner explained:

Our professional development and building our knowledge base and building our skills, actually let's forget that ... because we haven't got time to learn. It's kind of expected that we just go out and do it.

Practitioner

We have lost a lot of the specialist workers that we had and we are beginning to lose a lot of the specialist skills of the workers that we do have because they are being told that they can't do it and they are generic - this applies to early intervention more - there is a large skill base within early intervention which isn't being utilised.

What training has been most useful?

Some practitioners mentioned specific training they had received that they felt had been particularly useful in supporting them to deliver early intervention support to families, including those who were experiencing neglect. Mostly these related to training that covered the holistic needs of children and families. One person also mentioned the value of refresher training. The specific training practitioners mentioned included:

- nursery nursing modules because they offer a holistic approach to parenting and children
- Family First training, because it covers the birth to 19 age range
- safeguarding training as it helps to identify risk.

4.2 How do practitioners think they can best meet families' needs?

Practitioners talked about a number of matters which they felt best helped families who were experiencing neglect. These related to access and availability of support; key worker/lead professional skills; multi-agency working; and specific approaches or strategies (including some intervention programmes).

Access and availability

To support families earlier and to provide preventative advice and support, many practitioners said that support services and information needed to be more readily available. They also felt that universal services required greater investment to provide this preventative support, indicating that services should be made available in community and school settings. One practitioner was keen that an open-door policy be introduced, whereby families can access help as they need it, rather than having to make an appointment. They perceived appointments to be a barrier to families accessing support early.



Multi-agency working

Information sharing between practitioners and multi-agency working is key to knowing what local support is available to help families. Further, practitioners need to develop skills to identify and support families who need help early. Working together, communicating and sharing information about children and families, practitioners believed, would help ensure families get help when they need it. One GP explained:

Sometimes as a GP you do feel a bit out of the loop. So when you've had a concern and you've passed it on ... I know it's difficult because you can't often attend case conferences because of the logistics but sometimes I feel that I'm not getting enough and timely feedback about what's happening. So that I don't necessarily know what plan is in place or what extra help is being offered. So I sometimes feel like I'm chasing my tail trying to find out what is going on with the family... so communicating what's going on - it doesn't need to be the full case conference either. It just needs to be one letter with a summary.

A small number of practitioners noted the importance of children's and adults' services working together to identify and support families. Others spoke about the need to use a common language, not only to help families to understand what was being said, but also to help practitioners. Having staff co-located, one practitioner believed, really helped to support families, as colleagues were available to share information with and get advice from one another. Having the right people around the table at multi-agency meetings was also seen as crucial. Within one local authority, for example, colleagues were working with social housing landlords and inviting them to attend multi-agency meetings. One practitioner felt that landlords may be able to signpost families to early intervention services earlier if they are aware of particular housing or environment issues within a family home, for example.

Practitioner skills

The majority of those interviewed agreed that practitioner skills and practitioners' relationships with family members are critical to helping a family, and helping them early.

Practitioners noted the following as important:

- taking time and having the persistence to develop a relationship with a family
- ensuring the family has a consistent worker with whom they can develop a relationship and in whom the family has trust. Furthermore, the key workers/lead professionals need to be consistent when working with a family (i.e. doing what they say they will do)
- having the inter-personal skills to liaise with a family
- being open and honest; and having the confidence to say when behaviours are not acceptable
- developing the family's trust
- being knowledgeable about local services
- being non-judgemental
- helping to motivate and incentivise families, whilst making them accountable and responsible for change

What the families tell us is there is nothing worse than lots of different people going out - it's consistency of the worker - but also appointments go through that worker. We will sort it out so it's not 15 phone calls a day to mum who can't cope.

Practitioner

Being consistent in that support, being firm with them. Doing what you said you were going to do, making sure it was followed through ... so they knew that you were being honest.

Practitioner



- setting realistic and achievable goals
- being available and flexible; as one practitioner explained: '[Families need] support at all hours, early and late seven days. I hate these services that say we are not going out after 4pm because that's when the kids have just come home from school.'

A small number of practitioners talked about only having one chance to 'connect' with a family. They felt that, as one practitioner described it, 'It's a bit like a job interview, you have got a minute to impress, if they don't like you, you're not going to get anywhere.' Another practitioner made a similar point about the importance of developing a relationship with a family and ensuring practitioners and families are well matched:

You only need one hitch, one hiccough and you have lost a family really quickly. So I don't know whether it be individuals within schools that always need to be that familiar face ... because if the issue is based around that person [the key worker] they are dealing with because, let's be honest, you can't click with every parent.

Interventions and strategies that help families

Practitioners mentioned a range of strategies and specific programmes (or interventions) that they felt helped families and children. The specific interventions mentioned included:

- parenting programmes, such as TripleP, or early support programmes for parents of young children
- the Solihull approach ('Understanding your child's behaviour' courses and groups)
- Family Intervention Projects (FIPs)
- the Team Around the Family (TAF)
- Family Group Conferencing
- CAMHS
- education welfare service programmes in schools
- the equivalent of the Budget Holding Lead Professional (BHLP)
- two-year old nursery places.

While not specific programmes or services of support, practitioners also mentioned a number of strategies that they felt help families to access support. These included:

- thorough and accurate assessments, with clear plans of action, including review meetings
- transition support for children and families (including between infant and junior schools, as well as when transferring to secondary education)
- family support workers based in schools
- building resilience within families and empowering them to change
- home visits
- midwives following up with patients who do not attend appointments (this was working successfully within one authority)
- accompanying parents to attend courses, venues or support services for the first time (including some routine appointments with the GP, for example, about family planning or immunisations); again this seemed to be working well within one authority)



- ensuring there is no break in support, including where a family has needs but does not reach the necessary thresholds to access targeted or specialist support
- improved working with children's social care to ensure families are supported during both 'step-up' and 'step-down' processes.

4.3 The family perspective

We asked children, young people and families which aspects of the support they felt had been particularly beneficial or helpful to their family. They felt that the most helpful aspects of the support were:

- emotional support
- practical/financial support
- programmes or clubs to support children and young people
- parenting support and parenting courses.

Emotional support

Parents commonly reported that the most helpful element of the support they had received was having someone to listen to them and provide support in a non-judgemental way.

Having someone here to support me emotionally and practically who did not judge me or my situation was great. Knowing I had support and could phone up at any time to ask for advice was great too. It gave me the strength to work at being a better parent.

Parent

Parents explained that having someone to confide in who did not judge them meant they were able to be honest about their situation. Parents also explained that they appreciated being able to go to someone 'for a good grumble'. In some instances, parents felt that practitioners were able to act as an advocate for them and support them in uncomfortable situations, such as supporting them at school meetings.

Children and young people also saw the benefits of their parents having someone to talk to. They explained that their parents could talk through their problems and, when offered group support, they were able to meet other people who could relate to their situation.

Parents also valued the emotional support that was provided for their children. Often this took the form of counselling. One parent explained: 'She got to talk to one of the workers about how she was feeling and that, she's definitely calmer now and we talk to each other.'

Providing practical/financial support

Many of the children, young people and families commented on the usefulness of the practical support their family had received. This included getting support with daily routines, cleaning or making repairs to the house, providing taxis for children to get to school and helping to source household items. Some parents also received financial advice such as helping them to understand which benefits they were entitled to and they were given budgeting support.

A small number of parents explained that, for them, the greatest help they had received was to find adequate housing. One parent explained: 'Getting the house had helped the most, I



now have a house with a garden, and I have a cat and a dog. There's no mould in this house.'

Programmes or clubs to support children and young people

Some parents believed that the clubs that their children had been attending had been particularly beneficial (e.g. activities at youth centres, support from mentors, anger management programmes, alcohol and drug support programmes). They reported that these programmes gave their children the support they needed, which they felt led to changes in their child's behaviour.

The positive activities for young people that the kids went on was a godsend. My son suffered from anxiety and anger issues because of everything that happened with his mum, lots of things going round in his little head and although I was doing everything that I could [...] the activities really helped.

Parent

Children and young people also believed the support they had received had helped their families. In some instances they explained how the support helped them to understand the consequences of their behaviour, resulting in their behaviour improving.

Children, young people and families also explained that this type of support had the added benefit of providing parents with some respite from the child when they were out of the house or engaged with activities.

The group work at the voluntary organisation and being able to talk to someone. They made me realise that if I was good and didn't shout there would be lots of nice things that I'd start enjoying. Like mum taking me out or just spending time with her. They got me to think about how I made my mum feel.

Young person

Parenting support and parenting courses

Parents, in particular, valued the support they had received with their parenting. Some had attended courses about parenting and how to make improvements in the home, while others had received one-to-one help from practitioners. Parents felt this had really helped to improve the situation at home, supporting them to be more confident and take control. One parent explained 'They helped me feel confident that I could be a good parent and take care of my children.'

A small number of children and young people had noted positive changes in their parents as a result of parenting courses; these included parents becoming calmer and more able to sort out problems at home when they arose. One young person commented 'She [mother] tells us off better.'

Most helpful aspects for the children and young people

Children and young people felt the most helpful aspect of the support *for them* was having someone who would listen to them and or having someone to talk to. One young person explained 'Me being able to speak to someone I could actually trust and get it out [of] my system [helped the most].'



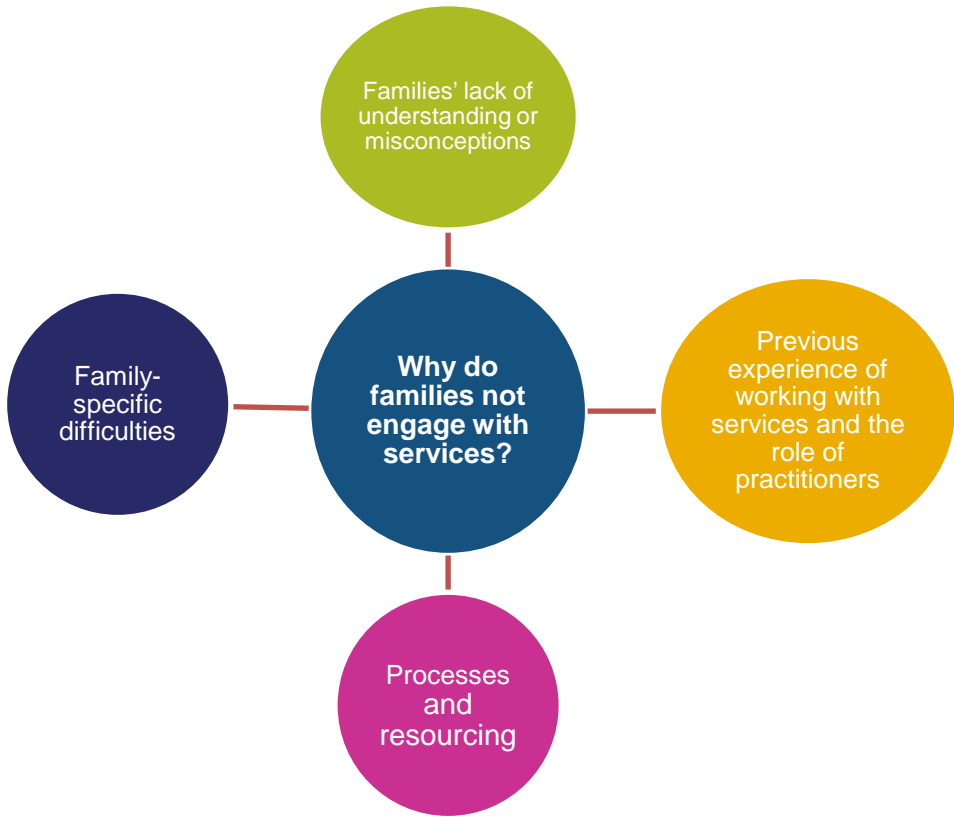
5 Barriers and enablers to supporting families

We explored with practitioners and families what they felt the barriers and enablers to families engaging with services were. We also asked practitioners what they felt made it difficult for them to provide effective and timely support for families experiencing neglect.

5.1 Why families do not engage with services

A number of themes emerged when we asked practitioners and families about the barriers to engaging with services. These are presented in Figure 3 below.

Figure 3 Summary of responses about why families do not engage with services



Families' lack of understanding or misconceptions

Practitioners explained that families often misunderstand, or have misconceptions about, the support services can provide and what their role in working with a family entails. The overwhelming majority of practitioners across all local authorities said that families misunderstand the role of children's social care or fear their children will be 'put into care'. For some this fear was exacerbated by the families themselves, as one practitioner



explained: 'Some parents threaten their child with being taken into care. There's a lack of knowledge on the part of the people who threaten these things.' Another practitioner described the extent of fear for one family: 'I know a woman who was scared to go to her GP about her low mood because she was afraid it would lead to a social worker taking her child away. So, there's that real misunderstanding of what social workers do.'

Practitioners also explained that misunderstanding about what services do was not limited to children's social care. A large number of practitioners said families do not understand what a service is being brought in to do, with many thinking that if they worked with one service, that service would try to get children's social care involved. The stigma families attached to receiving help from authorities, practitioners reported, was also a barrier to engagement.

The family perspective

Parents widely reported that, when families are struggling, they fear asking for help in case their children are taken away (i.e. put into care). The families that we spoke to referred to a very strong belief that children's social care remove children from families, rather than offering help and support. Two parents summarised the views of many: 'You feel, if I'm not coping, they'll take my kids away.' 'Social services are a big fear for local people.'

Parents also felt that there was stigma associated with children's social care, which branded struggling parents as 'bad parents'. One explained: 'Social services have a bad reputation and a bad name. I mean, I'm ashamed that I'm the only person in my family that is known to social services.'

I was petrified that if I asked for help my kids would be taken away from me [...] and it's happened to my friends. I was really scared but also really desperate for that help.
Parent

Previous experiences of working with services and the role of the key worker/lead professional

Practitioners reported that families' own historical experiences of working with a service or number of services, or that of their friends and wider family, often had an impact on their willingness to engage with services. Poor educational experiences had resulted in many families not wanting to engage with schools, for example.

When discussing barriers to family engagement, practitioners also indicated that other practitioners can be a barrier to engagement. In addition to the need for the key practitioner skills discussed in section 4, interviewees noted that families often see practitioners as an 'authority figure' rather than as someone who will offer support. Practitioners agreed that it would help them to engage with families if more could be done to promote the good work they do and to reduce the commonly held fear and misconceptions about what services do.

Why can't the Government put money into advertising?
Practitioner

The family perspective

Some families explained that they were reluctant to ask for help from services due to previous negative interactions with some practitioners. In the majority of cases, these issues related to children's social care staff, in others, it was school-based practitioners. One parent commented: 'The attitudes of professionals make a difference. People don't always read



your information properly and they make judgements on what they see. Some professionals are very condescending.’

Another explained: ‘The one that came out [the social care practitioner] were horrendous. It wasn’t the fact they came out, it was the way they came out, it was the way they treated me, and spoke to me.’

Processes and resourcing

Practitioners identified some process and resource-related barriers that they felt sometimes hindered family engagement with services. Their perceptions of barriers related to:

- a lack of timely support for families, or support not being available at the right times of the day
- too few practitioners working within the community and able to engage with families early
- services being time-limited (often dependent on funding allocations)
- long referral and waiting-list times
- the time taken to ‘kick start’ the CAF process, including the suggestion to simplify the process so it takes less time
- early intervention being non-statutory so parents can choose not to accept help despite their needs
- ‘professional fatigue’ whereby families have too many practitioners working with them
- practitioners using jargon and not having a common, or easy to understand, language.

The family perspective

Some parents also felt that thresholds associated with some services prevented them from accessing help; they specifically mentioned children’s social care and CAMHS.

Family-related issues

Practitioners highlighted a number of areas related to families which can make engaging with services difficult. These included:

- mental health issues (such as post-natal depression)
- cognitive skills, literacy or language difficulties
- low self esteem or lacking the confidence to ask for help
- financial barriers, including accessing transport to enable travel to appointments
- living at risk of, or experiencing, domestic abuse
- unwillingness to change
- lacking support networks (from friends and family)
- parental pride
- feeling judged
- poor housing conditions (i.e. practitioners will not be invited into the family home but families may engage at other venues).

I had help and support through children’s centre staff that were kind, listened, and offered advice and practical help to make things better for my family.

Parent



In over half the local authorities, practitioners mentioned that many families do not recognise that they need help or that they are neglecting their child/children. Practitioners noted that, for some families, their extended family or their own experiences of being brought up in a particular environment resulted in them being unaware of what behaviours are unacceptable. For some, practitioners explained, there were inter-generational issues at play. One practitioner explained:

There is a mismatch between what the parents believe and what we believe, and they don't agree with you at all ... but the wider family, grandparents, don't want any engagement. They think they are perfectly all right and don't need you sticking your oar in.

The family perspective

Children, young people and families widely felt that shame and fear of 'being judged' prevented families like theirs from asking for help. One parent explained: 'They probably are embarrassed to admit that they need the help.' Parents, children and young people explained that families often do not like sharing their problems with other people and would rather try to sort the situation out themselves. One young person explained: 'I think they don't want people thinking that they need help, that they are poor and things like that.'

A smaller number of parents explained that they did not seek help or gave up trying to find help when they felt they were not listened to. In some cases, where help had not previously been forthcoming, parents felt apathetic about asking for it again; one explained 'Families won't go to others for help as they think they won't be listened to.'

Parents not wanting to 'be a burden'; perceptions that nothing would be done to help them and 'stubbornness' or 'laziness' also stopped some families from asking for help from services. Children and young people thought that their parents did not seek help because of 'refusing to talk, refusing to accept help or because they were too busy dealing with the problem.'

5.2 What helps families to engage with services?

We asked parents what they felt helps families to engage with services. The majority stated that families need to know what help is available to them. They added that services should be better advertised and promoted so families are aware of their existence. It was also important for parents to feel supported and listened to by practitioners, as well as by family and friends. Specific suggestions for how local services could help families, as suggested by parents, children and young people are given in Figure 4.



Figure 4 Suggestions for helping families to engage with services

<p>Advertising services</p>	<p>Families suggested, for example, that leaflets and posters are put up in prominent places in schools, GP surgeries and children’s centres. One parent said: ‘If this place could advertise a bit more that they are actually out there. There is not enough advertising to know who is there to help.’ Another suggested: ‘You should give a leaflet explaining the services and what they can do to help.’</p>
<p>Support from family and friends</p>	<p>Parents felt that support from family and friends also helped them to access services but, for many, this support was limited. Support groups were seen to be useful for others; one parent said: ‘Support groups, you know, people realising that they are not going through it on their own.’</p>
<p>Positive experiences of working with services</p>	<p>Where families had a positive experience with services and felt supported, they were reportedly more likely to accept help in the future. One parent explained:</p> <p><i>They have all been so friendly, and I keep getting told, we are only a phone call away. The EWO is forever telling me, if I need anything, give her a ring. She’s really been trying her hardest.</i></p>
<p>Improved perceptions of children’s social care</p>	<p>Many families suggested that other families are more likely to engage with services if the stigma associated with children’s social care is addressed. One parent offered a very practical suggestion:</p> <p><i>Maybe have an open evening with social services, to show that “we don’t bite, we are here to help, we’re not gonna take your children into care because you smacked them ‘cause they are naughty” [...] if your children are involved with social services they need to take away that stigma.</i></p> <p>Another said: ‘I think you should rebrand social services as a source of support.’</p>
<p>Bringing services together so that families do not need to access multiple services</p>	<p>A number of parents noted the value of having a coordinated approach to the support they were being offered. One explained: ‘It’s helpful to get everyone together because people can’t cope with lots of different phone calls etc.’</p>



Simplifying the system of engaging with services

In addition to needing more information about the availability of support services, parents noted that services need to be easily accessible. One parent explained:

I don't know if there could be some help line, or website or something where you can go if you have a problem. I suppose all local authorities have their own, but if you don't know, it's not clear or easy. I've tried to call local councils, they put you through and you try to explain the situation to every single person to try to get where you want. The whole system is quite complicated. Simplify the system a bit.

5.3 Challenges for practitioners

We also asked practitioner interviewees what they see as the barriers for practitioners to support families experiencing neglect in a timely and efficient way. Practitioners in over half the local authorities said that capacity and high case loads were a major barrier to engaging with families. They felt that they often did not have the necessary time to engage with families in the way they would like, or to develop relationships and offer the face-to-face support they feel families' needed and valued.

Practitioners also noted a range of other barriers; these related to:

- multi-agency working and information sharing
 - Practitioners noted a number of challenges associated with multi-agency working and information sharing that made supporting families effectively more difficult. Their issues related to some practitioners not being willing to engage with processes (for example, attending multi-agency meetings); practitioners being unaware of what services are available to support families locally or being unresponsive to proactive family requests for help; and services not sharing information about families. Other comments included the time it takes for staff to settle into new roles following organisational restructures and reaching thresholds as being barriers.
- public misconceptions about support services
 - Practitioners noted that families rarely hear positive messages about how services have helped other families. They felt that more could be done to celebrate their work as this will help practitioners *and* families to work together. As one practitioner explained:
The bad stories always get out there, the good, positive stories don't. Our families never hear the good all the agencies do ever; they only ever hear when it's bad [...] so as much as we can tell a family the good work that social services do to support them or early intervention work or whatever, that fear factor is there 'cause they only hear the bad.
- access to families
 - Practitioners explained that accessing families was often problematic. They felt that few home visits, families' unwillingness to engage with services and requiring family consent for early intervention support to commence were barriers. Furthermore, families that have an identified need but do not reach



the thresholds for targeted or statutory intervention are sometimes not given alternative support which can make re-engagement more difficult. One practitioner said:

[It is] frustrating when you have referred a family for neglect and [the family] does not meet criteria for social care. Your hands are tied as, unless family wishes to engage, you cannot provide support, so [practitioners] could be continuously called out to family but cannot actually do anything to change situation.

- early intervention and prevention being non-statutory and being offered ‘too late’
 - Across the authorities, practitioners noted that support is often put in place too late, once a family’s need reaches a higher level. They felt unable to provide preventative or early help due to a number of issues, such as capacity, other priorities and early intervention being non-statutory. Where families chose not to engage with services, practitioners were unable to offer the much needed support until needs escalated.
- lack of resources and other priorities
 - A lack of adequate resources and having other priorities meant that practitioners were often unable to offer the level or type of support they wanted to. One practitioner explained:

Barriers for professionals is [sic] a lack of resources and that probably underpins everything. There will be lots of others but underneath all that, is a lack of resources. Because you might need to be able to build that relationship with families, but as a professional you’re not able to give the time.

A number of practitioners also noted that they lacked the time for reflective learning or to implement learning following training. In one local authority, information technology (IT) issues seemed to be a barrier for some practitioners. They noted that their online CAF form and an inability to access information about families online was a barrier to effectively supporting families.

Practitioners and families share similar views about the barriers and enablers to effectively supporting families.

5.4 How did families feel about receiving help?

We asked families how they felt about receiving help from services. The overwhelming majority of children, young people and families recognised that they had needed help and were largely very positive and happy about receiving it. Parents reported that they were ‘thankful’ or ‘relieved’ that they were getting some support. Some parents felt as though weights had been lifted from their shoulders, having been so desperate that they would have taken help from anywhere. In other cases, where families had been seeking help for some time, they were relieved that they were being listened to. As one parent explained: ‘I felt relieved and very grateful that someone was willing to listen to me. I was very happy. I felt valued as a mother.’

In the main, children and young people stated that they were ‘happy’ about receiving help and reported that their parents had been happy about it too. A small minority of children, young people and families felt

It’s better to have a family in a mini crisis, than no family at all
Young person



suspicious, cautious or nervous about the help they were offered.

Was help offered at the right time?

We asked parents if they felt they had been offered help at the right time or if they felt they needed it earlier. Around two-thirds of the parents stated that they would have liked the help sooner. Some parents recognised that this was partly because they were not aware of the organisations that could help. However, others felt that they were not being listened to or that services (particularly education and children's social care) were not acting quickly enough to help them. One parent explained:

I should have been offered it at the time when everything was going on, but I wasn't. I was offered it weeks and weeks after when things settled down [...] we should have been helped from day one.

Those who felt that the help had been timely often stated that they may not have been 'ready' to receive help at an earlier stage.

What are the benefits of receiving support?

We asked families how they would describe the situation in their family now that they had received some help. The majority of parents and children and young people reported that their situation had improved. One young person said 'Things are good. Mum and me talk to each other, we communicate.'

Parents explained that the main ways in which their situation had improved included:

- **Family being more settled and/or having a stable home environment.** 'I am no longer experiencing the difficulties that I had in my neighbourhood and my children are able to lead a normal life and feel safe in their home.'
- **Children having a more positive school experience.** 'They [the children] are settled now, their education is now better as a result. One of them is on a modified timetable because he kept skipping school because he didn't want to be there.'
- **Children being better behaved, calmer and happier.** 'Wonderful! We have no worries. [Child] does as he is told and there is no kicking off.'
- **Improvements in mental health (such as depression).** 'I'm a lot better in myself with the depression and that. I'm a lot better with that. And I know that if I need to talk to [practitioner], she's there.'

The situation is now good for me and my children. We have a good future to look forward to. The children are well settled in nursery and one of them will be starting school reception class in September 2013 [...] They have a lot of confidence and we are all very happy together.

Parent

A small number of parents and their children reported that the situation had 'partially' improved, but that they felt that there was still more that could be done to help them. Some of these families stated that they saw improvements intermittently. For example, one young person commented 'Sometimes she's [mother] better, sometimes she's not.' Some parents also felt it was too soon after the support had been started to see any significant changes in their situation.

A very small number of parents felt that their situation at home had not changed at all. In two cases, this related to their child's behaviour not improving, despite support with parenting



and school-based support/anger management courses. In another more complex case, the parent struggled to see how things had improved, despite a lot of support with parenting. This parent was very dissatisfied with the interaction that she had received from children's social care.

Would parents ask for help again?

Most parents stated that they would now ask for help if they were in the same situation again in the future. The majority said they would go to the practitioner or agency that was currently helping them, indicating the value of the support they had received. Parents also felt that they were now more aware of *how* to access support and were more confident in doing so. A small number of parents reported that they would not find themselves in the situation again, due to changes in circumstances or through the skills they had learned through the support received.

What helps families to help themselves?

We asked parents and older children what they thought helps families feel able to make their own lives better, in other words 'how can families be better supported to take responsibility and ownership for change?'. Parents and young people felt that families needed to do a number of things, which we list below.

- **Spend time together, talk to each other and share feelings.** One parent suggested: 'Comfort each other, share things you are going through, talk and share and accept each others' point of view'; while a young person said: 'You could have your own little family discussions to talk about how you can prevent it [a problem].'
- **Draw on support and help from family and friends.** As one parent suggested: 'As long as you ... have got the support from family, you can conquer anything. But when you're on your own, like the situation I was in ... it was hard as there was no one to turn to.'
- **Learn how to ask for help.** One young person said: 'Tell people instead of keeping it to their selves and try not to make that problem worse than it already is.'
- **Be 'on top' of home life, have routines, set boundaries.** As one parent explained: 'Have routines, bedtime, dinner routines, curfew for the kids.'
- **Find the motivation, confidence and/or perseverance to change their situation.** One young person said: 'If something is bothering you, don't moan, actually be motivated and do something about it.'

Furthermore, they felt that parents needed to ensure they were honest about their situation. A handful of parents suggested that keeping healthy and going to college or work could help families to help themselves out of difficult situations. One young person suggested that children helping out more at home would help families; another felt that feeling safe and comfortable in their own home was important in enabling families to help themselves.



6 Families and the 'revolving door'

When we developed LARC5, local authorities told us that they were particularly interested in finding out more about families who experienced neglect; who had a long history of need and who had dipped in and out of services. This is often referred to as 'the revolving door'. We asked practitioners how they felt families could be prevented from entering a cycle of sporadic, long-term support.

Practitioners recognised that the issue of the 'revolving door' was a continual challenge. Most were concerned about the 'revolving door' and believed that the reasons behind it need to be understood and addressed. However, a small minority of practitioners felt that the issue was inevitable because the families they worked with faced challenges at various times in their lives. They emphasised that many families had ingrained issues that might affect two or three generations. Consequently, some practitioners believed that it was unrealistic not to expect problems to reoccur.

Practitioners believed that the causes of the 'revolving door' were complex and arose because of a combination of processes (related to the way services were delivered) and the focus of the work with families (reflecting the way issues were addressed).

6.1 Process issues

A large number of practitioners explained that, often, cases were not being closed at the right time. Inappropriate case closure meant that support was withdrawn before families had the resilience to cope by themselves. They suggested that different methods of closing cases should be introduced, which would allow support to taper away rather than cease immediately. Adopting this approach would enable maintained contact with families to check that things were progressing as intended. As part of this, practitioners felt that there was a need to move away from a system that used pre-set time limits on support. Indeed, as noted above, a number of families identified time-limited support as a barrier to engaging with services.

Practitioners highlighted communication issues as a factor that contributed to the 'revolving door'. For example, some practitioners believed that there was insufficient dialogue between children's social care and universal services when an intervention came to an end. School respondents also stated that they were not always informed when social service involvement with a family was brought to a close.

Some practitioners were concerned that identification and assessment processes were not sufficiently robust. Some families were considered well-versed in obtaining support, whilst other families were left unnoticed (either because they did not wish to, or know how to, involve the services).

Practitioners also felt that there was a need to recognise resource constraints and referred to the pressures they faced in meeting their statutory obligations and providing other services (for example, services specified in service level agreements). This meant that early



intervention and prevention work was often classed as being a lesser priority, even though they thought it would often bring long-term benefits.

6.2 The work with families

Some practitioners felt that the support they were providing sometimes focused too much on addressing the symptoms rather than the root causes of neglect. A typical comment made by practitioners was: ‘You will not break the cycle just by addressing the symptoms.’ Services needed to ensure that they worked collaboratively with families, enabling them to focus on practices that built families’ capacity to do things for themselves, as well as change behaviours rather than only addressing the symptoms. Practitioners noted enhancing family engagement, empowerment and resilience as key factors to bring about change.

Practitioners also highlighted ‘disguised compliance’ as a factor that contributed to the number of ‘revolving door’ cases. It was acknowledged that, for some families, the involvement of external support was unwelcome and even frightening. Some families did not recognise the need for change and wanted to be free of any involvement with a support agency as soon as possible. They therefore sought to convince those services that the issues of concern had been addressed even when this was not the case, which meant that they were likely to reoccur. Practitioners felt that families needed to take greater responsibility for addressing issues that arose and had to be prepared to accept the need for change.

6.3 Strategies to prevent the ‘revolving door’

We asked practitioners to suggest or give examples of strategies that would help prevent families requiring continual support. Practitioners recognised that the nature of the families they worked with, and the kind of challenges they faced, meant that it was difficult to generalise about the methods that would prevent cases from reoccurring. Nonetheless, they identified several potential preventative strategies, which we set out in Figure 5 below.

Figure 5 Suggested preventative strategies

Tapering support and ensuring that families have access to sustained, individual, one-to-one support	This requires a dedicated worker, who knows the family, to keep in touch and monitor the families’ needs. It needs to be in the context of a system which allows for early intervention to avoid the need for more intensive support.
Working with the family a whole	Practitioners believed that adult mental health issues should be addressed when supporting families to address issues of neglect and, equally, that it was important not to lose sight of the needs of children and young people living in households where adults receive support.
Commitment to meeting an agreed set of outcomes	Some practitioners suggested developing more prescriptive plans for change, with clearer outcomes and reviews. This would involve families taking the lead in developing a process of change and embracing the support offered. This



	requires careful consideration of the families' capacity to maintain the plans once the support ends.
Addressing underlying social issues as well as examining the way family support is planned and delivered	Some practitioners felt that more should be done to develop a culture of better parenting through parenting classes that are delivered to all, not only after a problem has been identified. As one practitioner noted this involves 'teaching all parents the skills they need to parent'.
Encouraging parents to think about their own behaviour as well as that of their children	<p>One practitioner explained that: 'Parents come in thinking that the issues are all about their children's behaviour and we gradually try to get them to a point where they realise that they need to make a change in their own behaviour and are able to do this.'</p> <p>This point very much echoes the views of parents themselves (as noted above in section 5).</p>

The role of the extended family

Practitioners differed in the extent to which they felt that the wider community and relatives could fulfil a role in supporting families through difficult periods and helping to sustain them afterwards. While some practitioners believed that extended families had a role in addressing issues, others were concerned that, in some cases, such influences would not be beneficial (and could, indeed be harmful), especially where three or four generations of a family had been identified as needing support. Instead, they emphasised the need to assess and judge each case on its merit.

The role of the wider community

Some practitioners believed that there was a need to do more to break down barriers between families with problems and their communities (and develop a climate in which everyone felt nurtured). This would require families to be supported to engage. Indeed, some practitioners felt that neighbourhood development groups could play an important role in this. However, other practitioners stated that there was a need to be realistic about what the wider community could contribute to the work of supporting families. Some were concerned that community spirit had eroded and that families no longer turned instinctively to their neighbours. Moreover, it was emphasised that, while the role of the community was important, it could not by itself act as a substitute for the provision of effective support services.

Many of the issues and challenges practitioners associated with families who are experiencing the revolving door' are similar to the issues most families who need early intervention support face (as discussed throughout this report).



7 Conclusion and recommendations

7.1 Conclusion

The LARC5 research shows overwhelmingly that practitioners and families share common views about how families can be supported to prevent their needs from escalating. While the research focussed on early intervention and child neglect, many of the noted successes in supporting families, the challenges associated with this support, and suggestions for improvements are applicable to supporting any family that needs additional help (not only those experiencing neglect). As practitioners and families share common views, and offer similar solutions to overcome barriers, the messages in this report should be useful to any manager and practitioner working within early intervention and prevention services; as well as those working with families with more complex needs.

When exploring neglect, practitioners reported that neglect can often be a 'grey area' to identify and define. Despite that, practitioners cited many risk factors that could indicate that a child is suffering from neglect. When discussing children experiencing neglect, practitioners referred to the underlying issues, whereas families more likely referred to the symptoms of these issues. This may suggest that more could be done to educate families about neglectful behaviours.

Not all local authorities had clear definitions of neglect in place. Indeed, some practitioners noted that, when assessing whether a child is being neglected, there needs to be some recognition of context; for example, when judging family mealtime routines at home or children wearing low-cost (not inappropriate) clothes.

Whether practitioners would respond to families at the three levels of neglect varied a little between practitioner groups and local authorities. In addition, according to practitioner interview data, some sectors continue not to engage effectively with early intervention and prevention so as to best meet families' needs. In particular, interviewees mentioned education colleagues and GPs.

One of the key factors in ensuring families are supported in a timely and effective way, and so do not enter a cycle of needing regular support (through the 'revolving door'), is to offer more effective early intervention and preventative advice and support. Practitioners and families agreed that more needs to be done to offer help early through universal settings (particularly in regard to parenting support). Further, they noted that more needs to be done to promote the availability of and access to local support services, and to correct any misconceptions about local services, particularly children's social care. They noted that the relationship between families and key workers is often critical to achieving successful outcomes, and that multi-agency working and information sharing, including better coordination of multiple support for one family, could be improved. If these issues are dealt with effectively, both practitioners and families explained that families were likely to be more willing to ask for help, and to ask for it early.

Encouragingly, almost all of the families involved in our research reported successful outcomes having worked with local services. This has resulted in improved outcomes for



parents and their children. These successes related to having a more stable family environment; children and young people having improved experiences at school; improvements to children and young people's behaviour; and enhanced mental health (parents and their children). Families reported that the reasons for improvements were as a result of the emotional support they had received; helpful and practical advice offered on parenting and financial management; and access to programmes and clubs for children and young people.

The LARC5 research has given the participating local authorities several insights into their local working practices, which they have indicated they hope to improve and develop in the future (see Appendix C).

7.2 Recommendations and implications for practice

Based on the data from the LARC5 research and explicit recommendations made by practitioners and families, we offer the following recommendations for the consideration of strategic leaders in local authorities and their partner agencies, and for operational managers and frontline staff.

Recommendations for strategic leaders and partner agencies

- Invest in or encourage services to actively **promote and advertise** what they do, especially in terms of early help provision, so families know what support is available, how services can help and how to access them. Families and practitioners suggested providing posters and leaflets in community settings.
- **Simplify processes** to support families' engagement with services. Practitioners and families suggested offering one point of entry to support; better coordinating the number of professionals that any one family engages with; considering co-locating services in community settings; and offering open-door policies to access some services. They also suggested that, when processes are set up, they are supported by clear action plans; there are regular review meetings; and families are encouraged to take ownership for change. In addition, case closures, practitioners argued, need to be phased to prevent families from entering the 'revolving door' of requiring repeat support.
- Improve **information sharing** between practitioners - within and across sectors - in terms of awareness of the availability of local support services (including changes or closures) so they can share this information with families. Other suggestions included ensuring that senior managers from across services and sectors set up regular meetings or methods of communication to share developments and information about their service. This information also needs to be passed to operational frontline staff in a timely fashion. Practitioners also need to improve information sharing about individual families so they are able to identify risk and put in appropriate support at the earliest opportunity.
- Work to **remove the negative stigma** associated with children's social care and misconceptions around child protection and the removal of children from families. Practitioners and families suggested re-branding the service and sharing positive success stories so families are aware that children's social care offers support to families to keep them together (where appropriate). Parents also suggested that local authorities invest in community events to share success stories and to help break down negative perceptions of the service.
- Consider opportunities for **peer-to-peer support**, such as developing community support networks and training parent volunteers to develop relationships and help other families.

- Offer **holistic family assessments** and services that address whole-family needs rather than primarily focussing on either the parents' or child's needs. Recognise the value of non-statutory services in helping statutory services to achieve sustained outcomes for children and young people - supporting families to step down from targeted services and avoid a cycle of dependency (the 'revolving door')
- Be **creative and innovative with resources** so that early intervention services can offer more preventative support and earlier help to families.
- Consider what support can be given to families while they are on **waiting lists** or waiting for support from other services.
- Promote a core set of **practitioner skills** so that practitioners know how to develop and establish trusting and effective relationships with families. Families and practitioners noted that this was key to engaging families, and to ensuring that families are comfortable asking for support in the future. There may also be the need to recognise that changes in staffing may be required where relationships between a family and practitioner have broken down or have not been well established, and to ensure that there are clear pathways in place to enable this to happen. **Training** should be offered to better support practitioners to identify and assess children experiencing neglect early. Practitioners need to be able to develop the skills and confidence to work effectively with families.

Recommendations for operational managers and frontline practitioners

Based on the data, we offer the following recommendations for operational managers and front line practitioners to consider.

- Share and support colleagues to develop the **key skills** required to develop trusting relationships with families. These include:
 - prioritising relationship building
 - establishing trust
 - listening
 - not judging
 - being knowledgeable about local services
 - helping motivate and incentivise families, whilst making them accountable and responsible for change
 - being available and flexible.
- Try to ensure families have a **consistent worker** supporting their family.
- Encourage colleagues to consider their **relationship with families** on an ongoing basis and, where relationships are not working, instigate a staffing change so families do not disengage with services now or in the future.
- Improve **information sharing** between practitioners and encourage multi-agency working; specifically around improving awareness about the availability of local support services, about families themselves and improving communication between adults' and children's social care.
- During day-to-day work and conversations with families, try to **remove the negative stigma associated with children's social care** and other services by educating families about what support children's social care can offer to families, perhaps with specific (but anonymised) examples.
- Encourage, or require, colleagues to carry out **holistic assessments** and offer holistic support to families, rather than primarily focussing on the individual needs



of the parents or child; this will help to achieve the desired outcomes and may evidence the impact of the support given.



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Appendices

Appendix A: Guide used to identify families at different levels of need on the early intervention spectrum

Here we outline the resource we used to define child neglect for the purposes of this research. These levels have been adapted from Southampton's Local Safeguarding Children's Board *Really Useful Guide to Recognising Neglect* (Southampton, 2013) These agreed levels are not a definitive list but have been endorsed by the local authorities (LAs) involved in LARC5 for use as part of the research only. The levels were used to identify families for inclusion in the research, and to support practitioners when answering questions about the early intervention spectrum; they aimed to ensure commonality between the nine authorities involved in LARC5.

As part of the LARC5 project, we were only interested in levels two, three and four. We have, however, provided information about all five levels to provide context. When we asked questions about the levels, we did not expect families to demonstrate all the indicators to be included in a specific level. For example, a family experiencing level three neglect may have four or five 'level three indicators' only.

Level One

Physical care: Child has excellent **nutrition** with carefully planned meal times. Child is seated and manners are encouraged. **Hygiene** is good, with child being cleaned, bathed and hair brushed at least once a day (older children are always supervised and helped as necessary). **Clothing** has an excellent fit and provides good protection (insulation). **Health checks/immunisations** are up to date, health matters are carefully considered. Carer provides essential and additional **housing** facilities including heating, play and learning facilities.

Care of safety: Carer has good **awareness** of safety issues, however remote the risk. If child is of pre-mobility age, carer is extremely cautious with handling/laying down. Child is seldom unattended. When a child is mobile, carer gives constant attention to safety to prevent danger. For a child of infant school age, carer provides close supervision indoors and outdoors. Primary and secondary school-aged children are allowed out in familiar and safe surroundings within appointed times. Carer makes checks if child goes beyond boundaries. Carer has good **traffic awareness** with the child aged 0 to 4 being allowed to walk holding hands with carer. Carer walks at child's pace. Children aged 5 to 10 years are escorted by adults across busy roads.

Affection/love: Carer looks for and **understands** very subtle signals of verbal and non-verbal expression or mood. Carer **responds** at time of signal or before in anticipation. There is mutual



interaction visible between child and carer with carer initiating this more often than the child.

Esteem: Young children (0-2) have plenty of appropriate **stimulation** and equipment. Children aged 2 to 5 have good quality interactive stimulation with carer including playing, reading and talking. Carer takes child on **recreational outings** with frequent visits to child-centred places. Child is given seasonable and personal **celebrations** (birthdays) and child feels special. For children aged 5 +, carer takes an active interest in **education** and offers support.

Families at 'level one' are thriving and accessing universal provision. These families have no additional needs at this stage and are unlikely to need it in the future. As a result, these families were outside of the scope of the LARC5 research.

Level two

Physical care: Adequate **nutrition** with organised and regular meal times. Child is often seated. Child is reminded and assisted with **hygiene** regularly (almost daily) and is provided with products. **Clothing** is well fitted but of cheap quality. **Health checks/immunisations** are up to date. Plans are made where exceptions occur. Essential **housing** facilities consider the child.

Care of safety: Carer is **aware** of important safety issues. If child is of pre-mobility age, carer is cautious during handling/laying down. Carer makes regular checks if child is unattended. When child is mobile, carer puts in measures to prevent danger. For a child of infant school age, carer does not supervise child outdoors if it is known to be a safe place. Primary and secondary school-aged children are allowed out in unfamiliar surroundings if thought to be safe. Carer makes checks if worried. **Traffic awareness:** A child aged 0 to 4 is allowed to walk with carer close by, carer grabs hand in crowded areas. Children aged 5 to 8 years are allowed to cross road with 13+ year old. Child aged 8/9 is allowed to cross road alone.

Affection/love: Carer **understands** clear signals of expression (verbal and non-verbal) and mostly **responds**, except when occupied by essential activities. Equal and mutual **interaction** visible between child and carer.

Esteem: Young children (0-2) have enough appropriate intuitive **stimulation**. Children aged 2 to 5 have sufficient interactive **stimulation** with carer trying to provide more. Child given access to **child centred outings** locally and away. Carer and child equally keen about **celebrations** (birthdays etc). Children aged 5 +, carer takes an active interest in **education** and supports at home when possible.

Level three

Physical care: Adequate to variable **nutrition** with poorly organised and irregular meal times. Child has improper seating. Carer has no routines for child's **hygiene**, sometimes the child is bathed and hair is brushed. **Clothing** is ill fitting and either too large or too small. Child has adequate to variable protection from the weather. **Health checks/immunisations** are omitted due to personal inconvenience but will take up if persuaded. Carer frequently unnecessarily consults with health professionals and/or administers medication to child. Carer provides only essential **housing** facilities with no effort given to consider the child.



Care of safety: Carer has poor **awareness** and perception of safety. If child is of pre-mobility age, carer is careless during handling/laying down and child is frequently unattended when laid in the house. When child is mobile, carer puts in measures to prevent dangers that are about to happen. For a child of infant school age, carer offers little supervision indoors and outdoors and acts only if there is noticeable danger. Primary and secondary school-aged children are allowed outdoors with carer often not knowing where they are. Carer believes child is safe so long as they return home on time. **Traffic awareness:** Babies and infants are not secured in a pram, 3 to 4 year olds are expected to catch up with carer when out walking. Carer glances back occasionally. Children aged 5 to 7 years are allowed to cross busy roads with older children (but under age 13). Children aged 8/9 cross roads alone.

Affection/love: Carer is **not sensitive** to clear signals of expression, only responds to intense signals (e.g. crying). Carer does not offer a timely **response to signals** if doing own activities, responds only if not fully unoccupied or child is in distress. **Interaction** is mainly started by the child and sometimes the carer.

Esteem: Carer leaves young children (0-2) alone to pursue own amusements, carer sometimes interacts with baby. Children aged 2 to 5 have variable interactive **stimulation** with carer. Child accompanies carer on outings, sometimes to child-centred places with carer being the decision maker. **Celebrations** include Christmas and birthdays, these are low key. Children aged 5 +, carer maintains **schooling** but offers little support at home, even when has time.

Level four

Physical care: Variable to low **nutrition**, carer is disorganised, child has no clear meal times. Child is occasionally bathed and seldom has hair brushed; carer offers minimal and inconsistent supervision to the independent child's hygiene. **Clothing** is clearly the wrong size and offers inadequate weather protection. **Health checks/immunisations** are omitted due to carelessness but will take up if accessed at home. Carer delays consultations with health professionals about their child's health until it becomes moderate or severe. Carer's **housing** needs (warmth, entertainment, safety etc) are met above that of the child's.

Care of safety: Carer is **oblivious to risk**. If child is of pre-mobility age, carer gives unsafe handling/laying down and leaves child unattended during care chores (e.g. bottle left in mouth). When child is mobile, carer has ineffective measures (if any) to prevent danger. For a child of infant school age, carer does not supervise child, only intervening after mishaps. Improvement after mishaps soon lapses. Carer of primary and secondary school-aged children is not concerned about daytime outings and is concerned only about late nights for children under 13 years only. **Traffic awareness:** A child aged 0 to 4 is often left to walk behind carer or is dragged with irritation. Children aged 5 to 7 years are allowed to cross busy roads alone.

Affection/love: Carer is insensitive to child's needs and will delay **response** even when child is in distress. Child mainly starts **interactions**, the carer rarely initiates interaction.

Esteem: Young children (0-2) are often left alone while carer pursues own interests unless strongly sought out by child. Children aged 2 to 5 have scarce interactive **stimulation** with carer, even when



carer is doing nothing else. Child accompanies carer on outings and plays out in the neighbourhood. **Celebrations** are seasonal and low key. Children aged 5 +, carer makes little effort to maintain **education** and schooling.

Level five

Physical care: Child is mostly starved or has poor **nutrition** and low access to food. Child eats what they can when they can get it. Child is seldom bathed or clean, hair is never brushed. Parent is not concerned about the independent child's **hygiene**. Child's **clothing** has improper fitting and child is dangerously exposed to the weather. Carer consults **health** professionals when child's illness becomes critical and this is sometimes ignored. Carer disregards child's welfare and blocks home visits. Child is dangerously exposed to **housing** facilities and is not provided for.

Care of safety: Carer is **not concerned** about child safety. Carer handles child dangerously with child being dangerously left unattended (e.g. when in bath). When child is mobile, they are exposed to danger inadvertently. For a child of infant school age, carer ignores minor mishaps or the child is blamed. Carer will intervene casually after major mishaps. Carer is not bothered about the safety of junior/senior school-aged children despite being aware of outdoor dangers (e.g. railway lines, unsafe buildings etc). **Traffic awareness:** Babies are unsecured in prams, 3 to 4 year olds are left to wander and dragged with frustration when found. A 7 year old crosses busy roads alone without concern or thought.

Affection/love: Carer is insensitive to sustained intense signals of expression and does not mostly **respond** unless in fear of being accused. There is not mutual **interaction** and child appears resigned or apprehensive.

Esteem: Young children (0-2) have absent or restricted mobility (prams or pushchairs). Carer gets cross if baby demands attention. Children aged 2 to 5 have no interactive **stimulation** or toys (unless gifted or from grants). Child is not given access to **child centred outings**, they may play in street while carer pursues own activities (e.g. goes to the pub with friends). Seasonal celebrations are dampened. Children aged 5 +, carer is not bothered about **education** and does not offer encouragement.

Families at 'level five' should be receiving statutory intervention and are no longer on the early intervention spectrum. As a result, these families were outside of the scope of the LARC5 research.



Appendix B: LARC5 methodology

This section provides further information about the LARC5 methodology. It outlines who participated in the research, who carried out the research in local authorities and the methods that were used.

All participating LARC5 local authorities were sent a pro-forma to complete during summer 2013. The pro-forma aimed to gather information about who had been involved in LARC within each LA and about whether LARC:

- had informed other local research or wider development work
- had had any impact locally
- had supported the development of colleagues’ research and evaluation skills.

These latter points are discussed in Appendix C.

Seven of the nine LAs responded to the pro-forma. Their responses are summarised below and in Appendix C.

What methods did authorities adopt?

While LARC is a qualitative research project, authorities had the scope to extend their research locally. With this in mind, we asked LAs to indicate what methods they adopted. All indicated that their research was qualitative; three said they used quantitative methods in addition (mainly surveys with the community or with colleagues who were unable to attend an interview), and two authorities carried out secondary analysis. It was not clear from the responses what secondary analysis had been conducted.

All LAs carried out face-to-face interviews with either practitioners or families. Most interviews with families were carried out face-to-face, with some done via telephone. Local authorities also carried out group interviews with practitioners and some telephone interviews. The table below summarises the responses.

Table A Methods adopted

Participants	Face-to-face interviews	Group interviews	Telephone interviews	Questionnaire survey
Children (aged up to 11)	2			
Young people (aged 12+)	3			
Parents/family members	5			
Practitioners	1	5	1	1



Community		1	1
Others	1	1	

Two LAs did not respond to this question.

Who undertook the research?

Each LARC authority had a lead officer who was the main contact with the LARC research team. This person also had responsibility for leading the local research, including for recruiting practitioners to do the interviews and the practitioner and family participants/respondents.

Across the authorities, a range of practitioners undertook the interviews with practitioners and families. The table below summarises who undertook the interviews in the local authorities.

Table B Who did the interviews?

Who	Number of authorities
LARC lead	3
Other LA officers	5
External researchers	2
LARC researchers	3
Total	13

Please note that each LA may have had more than one interviewer.

The LA officers who carried out the interviews included:

- policy officers
- research and information officers
- business support managers
- family information service officers
- targeted youth support workers
- integrated processes team leaders
- multi-agency team managers
- early intervention managers
- integrated working consultants
- CAF coordinator/officers



- senior educational psychologists.

The external researchers involved in LARC5 were local researchers who were already working with the local authority. Three LAs asked LARC researchers (from NFER or RiP) to carry out interviews with either practitioners or families – this was to add further independence to their research.

All LAs offered their practitioners who were involved in carrying out the LARC interviews, guidance, information or training about LARC, and on how to carry out the interviews. Some authorities also held informal meetings to support colleagues or held a detailed briefing for all those involved.

How did LAs identify families and practitioners?

All local authorities identified families who met the criteria specified by LARC5. Generally LAs identified families through their multi-agency or early intervention managers and teams. Families were also selected based on the perceived likelihood that they would want to contribute to the research. One LA in particular invited families who they knew were in a stable situation at the time of the research to take part. One LA selected families who had been involved in a specific programme; another used the practitioner groups interviews to help identify possible families to invite to participate.

Local authorities adopted similar approaches to identifying practitioner interviewees. Some shared the research with a local board or committee to raise awareness and invite participation; one contacted a local health commissioning group to invite GPs' involvement.

What difficulties did LAs encounter?

We asked LA representatives if they encountered any difficulties in recruiting families or practitioners. Most of the LAs who responded did not have any problem engaging families in the research. The two LAs that experienced problems confirmed that these related to families agreeing to participate in the research but then not attending.

With regard to the practitioner interviews, many LAs had difficulties trying to engage at least one practitioner group. The practitioner groups LAs found it hard to engage were colleagues from:

- health (four LAs)
- education - both primary and secondary sectors (three LAs)
- early years- in particular children's centre staff (three LAs)
- youth services (three LAs)
- children's social care (two LAs)
- voluntary sector colleagues (two LAs).

Was ethical approval required?

We asked LAs if their research needed local ethical approval. Two indicated that their research was approved by a local research ethics or governance approval. We are aware that a further LA also had to gain local governance approval.



Appendix C: Local impact of being involved in LARC

How has LARC supported other work taking place locally?

We asked local authorities (LAs) to explain if the LARC5 research had complemented other research or service development work taking place locally. The responses are summarised below.

Other local research

Three of seven LAs were undertaking other research locally that the LARC5 research had complemented. This work included:

- working with a partner authority to explore pathways of care ('stepping up' and 'stepping down' into early intervention support services)
- complementing research about family support and evaluating the effectiveness of the use of a graded care profile in child protection
- informing action research into community perceptions of family support services.

Two further LAs noted that, while the LARC5 research did not directly contribute to other local work, it had contributed to an overall strategy. One respondent explained that they are continuously learning about their effectiveness in working with children, young people and families, and that LARC would help inform that wider work. Another said that LARC has 'provided us with evidence which will be used with ongoing data collection and outcome reporting.'

Wider development work

Local authorities noted that the LARC5 research had informed other development work taking place locally. This included informing the following:

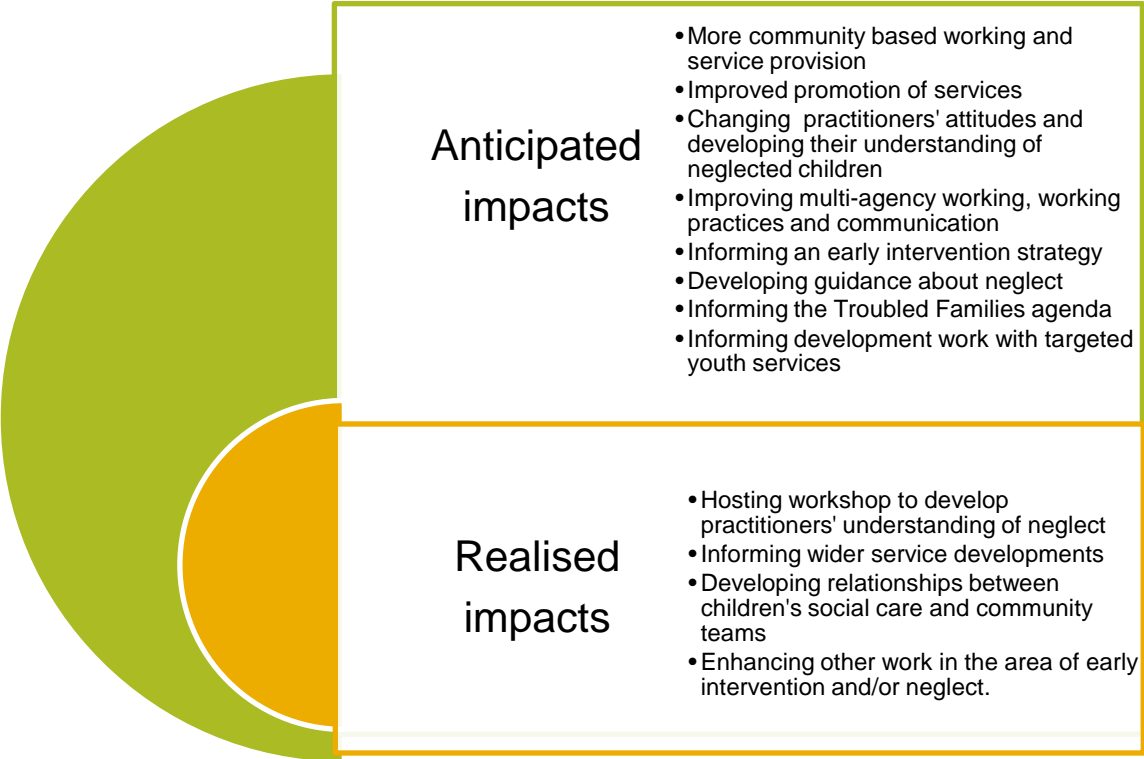
- reviewing children's centre provision
- developing an early help strategy and pathways of care
- reviewing children's social care thresholds
- improving co-production with communities around early intervention
- informing wider service restructures.

Perceived impacts of being involved in LARC

Local authority representatives noted a range of ways in which being involved in LARC5 is anticipated to have or has already had an impact. The diagram below shows the anticipated or realised impacts of being involved in LARC5 across the LAs.



Figure 6 Perceptions of the impact LARC5 has had on local authorities



Capacity to do research

We asked the local authority LARC5 representative whether being involved in LARC5 had increased their LA's capacity to engage with research. All agreed that it helped them to engage with research at least to 'some extent'. The table below summarises how being involved in LARC5 had developed capacity.

The work has given us the opportunity to consider service delivery more objectively.

LA LARC lead



Table C Ways in which capacity had been developed

Ways in which capacity had been developed	Number of authorities
Developed understanding of undertaking a research project	6
Enhanced staff knowledge of doing research	6
Informed practice through learning	6
Developed staff research skills	5
Motivated staff to get involved in research (either doing research or engaging in research findings)	5
Provided insights into service delivery	5
Enhanced a culture of shared learning	4

Unfortunately, one LA also noted that being involved in LARC5 had not really helped them. Of the LAs that felt being involved in LARC5 had supported capacity, one explained that children's social care colleagues now had a greater understanding of how to construct research questions. Another explained that staff had learned new skills and were interested in carrying out further research:

We used individuals [colleagues] who had not necessarily been involved in this type of research before. All were very positive about the experience and interested to see their findings collated into a larger report. These individuals would now be keen to take part in further research projects.



Appendix D: Summary of current provision available to families

This appendix summarises practitioners' perceptions of current support available across the different levels of neglect. Throughout this section, please note that where ✓ or information appears this is where practitioners explicitly mentioned the availability of current provision at that level. It does not necessarily mean that other provision is not available or that provision is not made available to families with lower or higher level needs.

Table 1 below shows the level of input or support available from **education services** to families experiencing neglect across the different levels.

Table 1 Current education provision available to families experiencing neglect

Support	Level two	Level three	Level four
Education			
Sending letter home	✓	✓	x
Developing an attendance action plan	✓	✓	✓
Free drop-in sessions	✓	x	x
Family activities	✓	x	x
Education Welfare Service support	x	✓	Prosecution
Help from Family Support Advisors	x	✓	More intensive support

As the table above shows, practitioners identifying families at level two would signpost families to support, including letters home and invitations to attend school family activities. As needs escalated, and children were missing school, Education Welfare Services would get involved. At level four, this may include prosecution. While Family Support Advisors (or equivalent) may be aware of families at level two through informal discussions with families and colleagues, practitioners said they



would only offer direct support to families who had levels three and four needs. Indeed, families at level four would receive intensive support.

Table 2 below shows the level of input or support available from **health services** to families experiencing neglect across the different levels.

Table 2 Current health provision available to families experiencing neglect

Support	Level two	Level three	Level four
Health			
Health promotion/education	✓	Including accompanying parent to access health services	Including accompanying parent to access health services
Healthy eating advice and/or support	Information and advice	Courses and workshops, in home support	✗
Contact GP	✓	✓	✗
Health assessment (unspecific)	✗	✓	✓
Advice from dietician	✗	✓	✓
Support from health visitors	✓	✓	✓
School nurse provision	✗	✓	✓
Substance misuse support (if relevant)	✗	✗	✓
Mental health support for adults	Counselling	Counselling	Counselling
Mental health support for young people	Counselling	TaMHS/ CAMHS	TaMHS/ CAMHS

As with education provision, health input or support available to families would increase as their needs heightened. Many practitioners, especially those dealing with children in their early years (children's centre staff and health professionals), were concerned about children not having received immunisations and about them being under-nourished. Advice from dieticians though, practitioners felt, would be instigated



at levels three and four and not before. Practitioners felt that parents needed to be educated about the importance of immunisations and that they should be accompanied to appointments if they had difficulty attending (due to transport issues or appointment times, for example). Furthermore, practitioners noted that specialist health assessments may be carried out on children in families at levels three and four. Health visitor support would be offered across all three levels but its intensity would increase for families at levels three and four.

To support parents and children to cope with emotional and mental health issues, a range of help was available. For parents, this included counselling, for example, from Relate or Talking Therapies. Practitioners felt that Targeted Mental Health in Schools (TaMHS) or CAMHS would be available for children and young people at levels three and four.

Table 3 below shows the level of input or support available from **local authority (LA) and voluntary and community services (VCS)** to families experiencing neglect across the different levels.

Table 3 Current LA and VCS provision available to families experiencing neglect

Support	Level two	Level three	Level four
LA and VCS provision			
Early intervention team	✓	Key worker/lead professional assigned	Intensive support
Children's centre support	✓	Courses and workshops	Courses and workshops
Housing support	✓	✓	✓
Children's social care referral	x	✓	✓
Adult's social care referral	x	x	✓
Signposting to local support groups (e.g. play groups, holidays clubs, church groups)	✓	✓	✓
Citizen's Advice Bureau/debt advice	✓	✓	✓
Home-Start	✓	✓	x



Practitioners felt that local authorities and the voluntary sector could offer a range of advice and support services to families across all three levels. For families at level two, most of the help was provided through universal services and related to signposting families to groups and networks of support. These included parenting advice and support from children's centres or debt advice from the Citizen's Advice Bureau (CAB). As with the other sectors, as families needs increased so did the availability and intensity of support. In some cases, practitioners noted that families could get referred to children's social care or adult's services.

Table 4 below shows the types of **family-wide input and support** available to families experiencing neglect across the different levels. These could be provided by LAs themselves or the voluntary sector.

Table 4 Current family support provision available to families experiencing neglect

Support	Level two	Level three	Level four
Family support			
Parenting programme or support	✓	✓	✓
Help from Family Support Services	✓	Intensive and/or one to one support	Intensive and/or one to one support
Information, advice or workshops about health and safety, and parenting basic skills etc	Provided by children's centres	Providing safety advice (e.g. importance of children being strapped into pushchairs and car seats etc)	Providing intensive practitioner support and guidance

The types of family input and support available across the three levels varied but all related to providing practical support, advice and guidance to help educate and support parents. As one practitioner noted:

Sometimes we have people in to talk with parents about car seats ... the number of children that drive off in cars just standing on the back seat. And they're not secured at all. It was quite difficult at first but there are more things [information] coming in, I just had something land in my lap today actually.

Practitioners mentioned a number of targeted programmes, including Triple P, Strengthening Families, a Supportive Programme for Parents of Teenagers (STOP) and one-to-one support.



Table 5 below shows the **other types** of input and support available to families experiencing neglect across the different levels. These could be provided by local authorities themselves or by the voluntary sector.

Table 5 Other provision available to families experiencing neglect

Support	Level two	Level three	Level four
Other			
Local youth provision	Signposting only	✓	Targeted youth support
Multi-agency response	Informal coordination only	MAST ⁶ or FIP ⁷	✓
Information giving and signposting	About universal support provision	About universal and targeted support	x
Home visits	x	Home safety check	Regular home visits
Young homeless support	x	✓	x
Support from Young Carers	x	✓	x
Youth Offending Service (YOS)	x	x	✓
Contact police	x	x	✓

Practitioners also gave examples of other types of support available to families across the three levels. Most of those mentioned were for families with level three and four needs, though some were specific to one level. For some practitioners, this included considering support from targeted groups or services such as Young Carers or YOS. A small number of practitioners said they would contact the police if they were concerned about a family's anti-social behaviour or any possible criminal activity.

⁶ Multi-agency Support Team

⁷ Family Intervention Project



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