

‘We should have been helped from day one’:

key messages about
neglect and early
intervention for GPs,
health visitors and
other health staff



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Findings from *We should have been helped from day one*: a unique perspective from children, families and practitioners¹

The publication of this research summary is timely. It follows the publication of the Chief Medical Officer's Annual Report on children and young people's health (DH, 2013) and *Working Together to Safeguard Children* (HM Government, 2013). Both of these documents argue the case for early intervention and preventive measures and highlight the importance of professionals working together to achieve better outcomes for children, families and society.

This summary represents the work of a group of local authorities and their partner agencies who have explored a key issue in early intervention:

How do we effectively support families who are experiencing neglect, and who have different levels of need across the early intervention spectrum, to engage with services?

The research provides GPs, health visitors, midwives and other health staff with valuable insights into the views of frontline practitioners, communities and families about the best approaches to helping families who are experiencing neglect.

Identifying children experiencing neglect early and offering support soon after a problem arises can prevent needs from escalating and can reduce or eliminate longer-term problems. While chronic neglect is often addressed through child protection procedures, it can be difficult to identify and support children experiencing 'lower-level' neglect. This is where the research provides useful insights and some practical, low-cost solutions to helping families.

The research² identified several enablers and barriers to helping a child who is experiencing neglect. It is based on interviews with over 105 multi-agency practitioners (including health visitors, GPs and Child and Adolescent Mental Health Service (CAMHS) practitioners) and 40 parents, children and young people.

How do frontline practitioners identify children experiencing neglect?

Practitioners highlighted that identifying children experiencing neglect is not an exact science. Often described as a 'grey area', except in the cases of chronic neglect, we found that most councils involved in the study do not have a clear definition or policy to define 'child neglect'. This means that professionals must use their professional judgement to a great extent, and are often required to be flexible and nuanced in their approach with families. Health visitors and GPs said they like to keep in contact with a family over time to assess their needs before considering making a referral, except where they had safeguarding concerns. GPs were likely to refer a family to a health visitor; it was not clear what they would do with families who do not have children under age five.

It's about information gathering; what's gone on before, what other professionals are involved, so you've got your picture of what going on... you know then, is this something I can hold a bit or is it something that I am going to have to move on?
Health visitor

¹ Easton, C., Lamont, L., Smith, R. and Aston, H. (2013). *We Should Have Been Helped from Day One': a Unique Perspective From Children, Families and Practitioners. Findings from LARC5*. Slough: NFER www.nfer.ac.uk/publications/LRCF01

² LARC stands for the Local Authorities Research Consortium. Further information about the LARC series of research on early intervention can be found at www.nfer.ac.uk/larc.

Figure 1 Some enablers to engaging with families



What are the enablers and barriers to supporting children and families?

Practitioners and families gave similar reasons for what they think helps families engage, or conversely, disengage, with support provision including early intervention services. While the research focussed on children experiencing neglect, these messages are applicable across many other services.

Families want to know *what* support is available to them and *how* to access it, at the time they need it. Health visitors recognised that some families found it difficult to keep medical appointments. They overcame this by helping or accompanying families to attend appointments or they negotiated with GP surgeries to get a different appointment time. Waiting times of up to six months for families to access services are a significant barrier to early intervention when families need help sooner. Families valued having a consistent lead practitioner who can provide help and support in a trusting and supportive manner.

It's about negotiating with your surgery because some surgeries have very fixed immunisation times and when you've got chaotic families that doesn't always work.

Health visitor

Commonly held misconceptions about the role of children's social care and its different functions are a big barrier. Parents fear asking for help because they worry that their children will be taken into care.

Multi-agency working and a lack of timely and appropriate information sharing continue to be challenging. Some health visitors felt that they are required to support vulnerable families as there is no other universal service to do so, thus increasing their caseloads.

What can health practitioners do to better support and engage with families?

Recommendations for frontline health practitioners include:

Ensure families have a consistent worker to support them, especially when a family is working with a number of services.

During day to day conversations with families, address the negative stigma associated with children's social care by raising awareness of its different functions and what support is available to families.

Encourage colleagues from all sectors and disciplines within health to undertake holistic family assessments to ensure the work is spread across already overstretched services.

Help colleagues to develop the key skills that help engage families; these include openness, honesty, trust and being non-judgemental.

Sometimes as a GP you do feel a bit out of the loop... I know it's difficult because you can't even attend case conferences because of the logistics but sometimes I feel that I'm not getting enough and timely feedback on what's happening... It just needs to be one letter with a summary. GP

References

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For further information about the LARC series of research on early intervention, go to www.nfer.ac.uk/larc or contact the team at LARC@nfer.ac.uk

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